THE SATURDAY EVENING POST

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July/August '96

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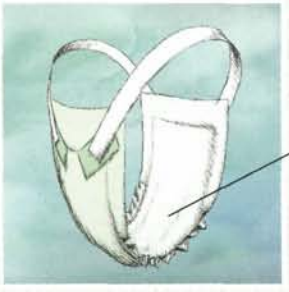

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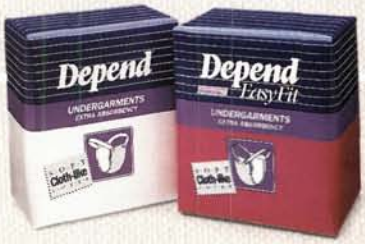

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Andy Griffith

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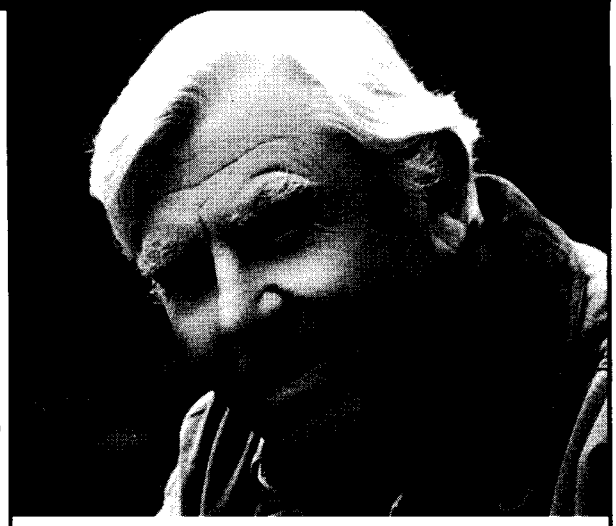

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- Andy Griffith -

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Munchausen by Proxy Syndrome—is a bizarre, baffling, and at times deadly form of child abuse by the person a child relies on the most—its mother. 40

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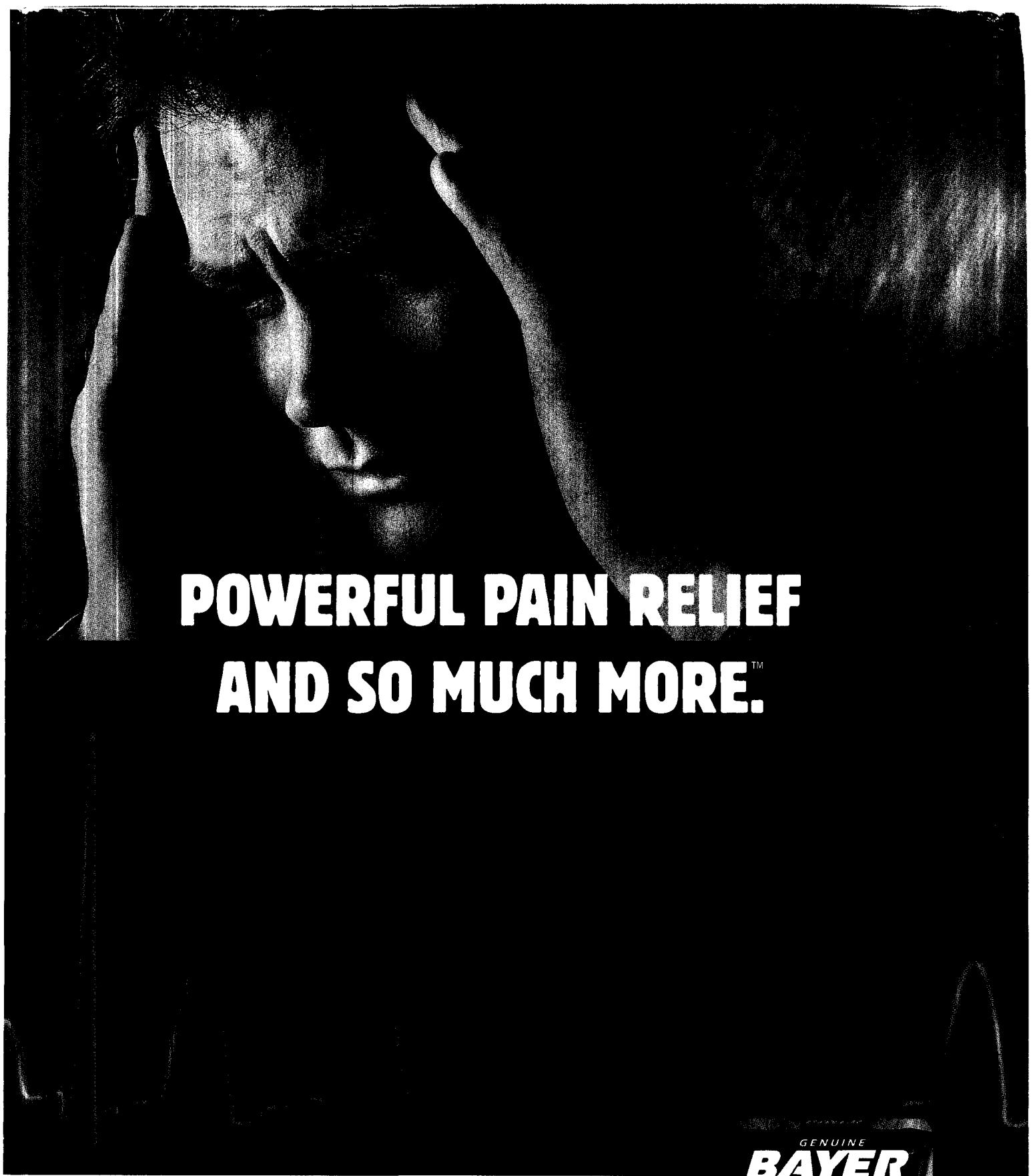

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Letters

Benefits of Magnesium

After much too long a delay, I would like to tell you how your magazine has helped me. Back in the late 1980s, I began to read about the importance of magnesium in treating cardiovascular disease. One article, "The Case for Magnesium" (May/June '86), and others that followed got my attention.

My blood pressure was running high, and I had taken several kinds of medicine, but it did not come down very much. I had taken calcium for many years, but no magnesium. I decided to try taking magnesium supplements and later found a formula of calcium and magnesium I take every day.

After a while I went to my doctor for a checkup. She asked how I was feeling, and I replied, "I am feeling so good that I can hardly stand it," then explained what I had done on my own. My blood pressure was the lowest it had ever been in her office. We decided that I could stop taking blood pressure medicine when I ran out. I have not taken any BP medicine for about a year. I celebrated my 90th birthday March 8, 1996. Thank you for helping me to better health.

Lucille B. Haygood
Old Hickory, Tennessee

Healing Touch

Eagerly, I await the arrival of each issue of *The Saturday Evening Post*. It is such a satisfying magazine that I read all the articles.

When the May/June '96 issue arrived, as always I was pleased with its contents. However, it is "The Family is Bigger than You Think" by Dr. William G. Enright that was so outstanding. I read it twice! He emphasized God, love, and the church as the necessary family support and foundation. Prayerfully, more people will realize this truth and act accordingly.

Thank you for such an excellent magazine.

Carmen Harris
Buffalo, New York

What a joy to read the sermon by Dr. William G. Enright (May/June '96). So fitting for today. If everyone who claimed to be God's child would follow the words, what a difference it would make in our country.

I'm reminded of II Chronicles, chapter 7, verse 14, which reads:

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Mr. Thomas Fisher of Newport News, Virginia is baffled. As a professional engineer, he's studied lots of machines before. In fact, he's got a pretty good sense how everything from a car to a computer operates. But he can't quite figure out how his Maytag washer keeps working. His family of five has had their machine for ten years now. In all those years of constant use, it's only needed a couple of minor repairs. And that's only half the story, because originally the Fishers got their washer from neighbors. And their family of five had used it for years before the Fishers even did a load. We can't promise every Maytag washer will last this long, but we build them all to last longer than any other brand. So take it from an expert like Mr. Fisher. He'll be the first to tell you a Maytag washer will keep running for years and years. Just don't ask him to explain it.

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"If my people which are called by my name shall humble themselves and pray, and seek my face and turn from their wicked ways, then I will hear from heaven, and will forgive their sins, and will heal their land."

How much our country needs healing.

Zella M. Rease
Coleman, Michigan

Case Histories Abound

When I read an old copy of *The Saturday Evening Post* (July/August '95) at the doctor's office concerning the lysine research, I thought of writing you a letter.

I remember suffering from this frustrating nuisance of fever blisters since age ten. I am originally from India. The blister attack was very severe in the winter months; the winter is very mild in India.

I came to the U.S. in 1971; ever since, it was not a disease of the winter months, but all through the year.

It began to break out under stress, not only on the lips but on other parts of the face. Though I could sense the arrival of the blisters by the dry feeling in the area, I was helpless. I had applied certain external applications which gave some relief in breaking the skin.

When I read about lysine about 18 years back, I began to use it, and the result was marvelous. Indeed, I have told many people with chronic fever blister problems to take lysine. They were helped.

While I was working in a hospital, I remember this beautiful lady with blisters. She listened to my advice, and every time when I see her, she thanks me for telling her about it.

I eat lysine-rich food to prevent the attack, and it is keeping me away from the attack. I may get a blister once in a year, but taking 500 mg of lysine three times a day for a couple of days keeps the disease away.

A. S. Mathew
Fort Oglethorpe, Georgia

High-Lysine Corn Crop

I am writing to you concerning the use of the high-lysine corn. Previously, in your magazine, you have praised the advantages of using this type of corn as a high nutritional product. Recently, in reading through a farm magazine which my husband receives, the article spoke of a high-oil corn that was nutritious, and it also mentioned lysine. I called the phone numbers which they listed and, apparently, the corn was feed corn for animals. One gentleman said that it no doubt could be used for people also, but that he had no experience in using it in that manner.

Is it possible to obtain the high-lysine corn seed that I have read so much about in *The Saturday Evening Post*? We have only about one acre of ground to sow, but we are eager to try a more nutritious variety. Previously, when we were much younger, we grew field corn for our chickens and milk cow and a few beef cows—and used that particular corn to grind into cornmeal for our family. Just now we have three young families living nearby using our old barn and pasture, etc., and we plan to put in a field of corn for our little "neighborhood" usage. We all enjoy fresh ground meal for cornbread, pancakes and waffles, muffins, etc. If it is possible to purchase this corn seed, will you please tell us who we could call or write?

Mildred Baliles
Franklin, North Carolina

Editor's note: We believe that the high-lysine corn is still available from Crow's Hybrid Corn Company, P.O. Box 306, Milford, IL 60953. Telephone: 1-800-331-7201.

In the event you aren't able to get it

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there, please let us know at the *Post*, and we will find out from Purdue University where the seed can be obtained now.

The high-lysine corn was developed by a stroke of genius by Dr. Ed Mertz at Purdue University.

We must tell you of our experience when we planted high-lysine corn at the Fitness Farm. Like you, we wanted to grind the corn to make high-lysine cornmeal for our neighbors and the families who use the Fitness Farm. Well, the racoons or some other little animals got to the corn as it ripened and ate our entire one-acre crop. There are woods near our farm. We were told that high-lysine corn is sweeter and more desirable to the tastebuds of animals on the farm. In fact we were told that pigs go off their feed for days if regular corn is substituted after feeding high-lysine corn.

We gave up planting the high-lysine corn, and now we buy the packaged high-lysine cornmeal. It is now sold by the American Foundation for Preventive Medicine. This product can be ordered by writing to them at 1102 Stadium Drive, Indianapolis, IN 46202. The package includes a recipe for high-lysine cornmeal waffles that are superb. Enjoy!

Painful Reminder

As you state Paul Kirchner says in his introduction to *Everything You Know is Wrong*, "I too may be caught in error." I have not read his book, but Maynard Good Stoddard cites an example from the book regarding the black box carried by every military and commercial plane. It was painfully brought to our attention that the ill-fated flight of the U.S. military plane which crashed April 3 in Croatia, killing 35 people including the honorable Ron Brown, carried no black box (orange or otherwise) because the T-43A is a military plane.

Within a few days, the policy was changed requiring a black box be carried in any military plane which carries civilians.

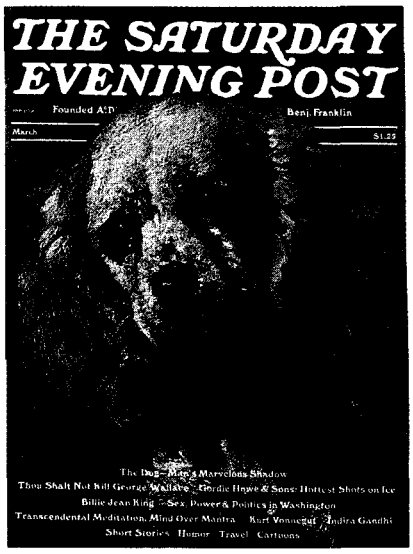
Howard Olmsted
Alexandria, Virginia

Taking Exception

Regarding the letter titled "We Get Bad Marks for 'Family Values' " in the May/June '96 issue: I think one can assume the writer considers himself a "liberal," and I for one know that one of the many definitions of liberal is not intolerant or prejudiced; yet here, it appears, is one who can't tolerate any religion or even the thought of the well-adjusted nuclear family.

He states that *The Saturday Evening Post*'s family values "crapola" is turning the magazine away from its literary responsibility. I would suggest that anyone who thinks the term "crapola" is literary would be better off reading one of those papers that can be found at the supermarket checkout.

David F. Stone
Kissimmee, Florida



Meinrad Mayer Cover Call

Post cover artist Meinrad Mayer painted this touching oil portrait of a cocker spaniel for the March 1975 issue of the *Post*. Unfortunately, the painting was misplaced and is missing from the complete collection of the artist's work showcased in the Meinrad Mayer Gallery, located at *Post* headquarters in Indianapolis. We welcome any information on the whereabouts of the Mayer painting that would help return the work to its proper place in the Mayer Gallery. If you have any information, please call *Post* archivist Steven Pettinga at our toll-free number—800-558-2376 or write to 1100 Waterway Blvd.

"He promised me faithfully that this time he wouldn't get a tiny little sports car."

Watts the Question?

Regarding the May/June '96 article "2005: Computers in Our Future":

Where will all the electricity come from? How many can afford it? How much rewiring and equipment can the average family afford? How many service people will be unemployed? What will happen to the middle class? The poor? Will they be supported by a

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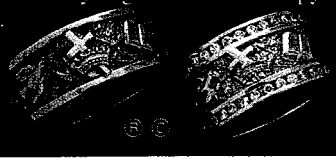

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Rosemary Severson
Carmichael, California

Darci Update

Please tell me about Darci! How is she doing with her treatments? My level is (grade) IV, and I'm having radiation and solution treatments.

Riley H. Denton
Springfield, Missouri

Editor's note: "I'm doing fine!" Darci Dillard-Ross is happy to report. "I'm happy and much more clear-headed." Darci was the feature subject in our Jan./Feb. '96 article "Darci's Story: Living with a Brain Tumor." A recent MRI scan showed that the tumor had shrunk somewhat in size. The busy young wife, mother, and executive sports a new hairdo, which, she points out, features "my own hair." Darci will undergo MRI scans at six-month intervals to monitor the tumor.

Accolades for Andrews

Your cover photo of Julie Andrews on the May/June issue of *The Saturday*

THE SATURDAY
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May/June '96
Julie Andrews: Doing What She Loves
Children's Read Aloud: The Wind in the Willows
Cleveland's Rock-'n'-Roll Hall of Fame
New Treatments for Osteoporosis
Child Prodigy Michael Kearney
Now You Can Restart a Heart: The AED Revolution
Garfield for President?
Making Scents in Your Garden
Electronic America: Our Computerized Future

Evening Post proved that this charming, graceful woman only grows more charming and graceful with age. Unlike many other stars her age, I hope she never falls prey to that insidious Hollywood notion that aging stars should undergo cosmetic surgery to give their faces that needed lift. Luckily, with an intact value system, good genes, and "Blackie" by her side, Julie Andrews appears to be in little danger.

Let's hope so. What a huge disappointment it would be to see a picture of Julie in a few years looking like she's in the state of perpetual surprise. All I can say is, Julie, don't even go there!

Suzette Boulais
Peoria, Illinois

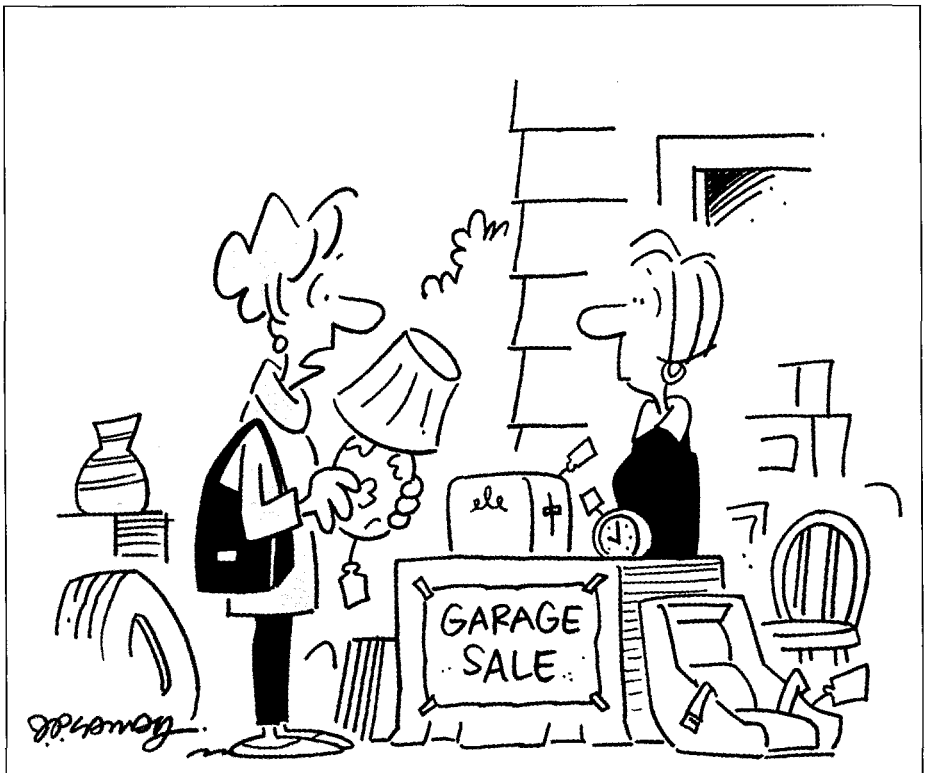
Editor's note: Julie Andrews admirers are legion. Our readers may be interested in reading the excellent book entitled Julie Andrews, *from which we obtained our May/June '96 cover photograph.*

It is a picture history of her life, and we wish space had allowed us to include many of the nostalgic photographs. The book is by Thomas S. Wilson and James Arntz and published by Contemporary Books.

Cheers for Child Prodigies

Nine cheers, three each, for Cassidy, Kevin, and Michael Kearney, and "bravo" to Tom Tozer and his article, "Letting Michael Be Michael." It is a delightful story about a delightful family.

The Kearney's definition of a "severely gifted" child as having "moral courage, reflective judgment, responsibility, and a genuine sense of ethical behavior" fits exactly with everything



"Hey, wait a minute . . . I sold this at my garage sale last year!"

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I have spent the last 56 years of my life learning.

We child brain developmentalists here at The Institutes for the Achievement of Human Potential would propose to these splendid parents that Michael is not "severely gifted." We would, in that oxymoronic frame of reference, see Michael as "profoundly gifted." (The greatest gift Michael received was his "severely sane" and courageous parents who have not fallen prey to the psychobabble to which they have inevitably been subjected.)

Here at the Institutes, we have seen some 20,000 profoundly and severely brain-injured children brought here from five continents by parents who have come to learn how to make these comatose, paralyzed, speechless, "mentally retarded," and "hopeless" children well. In a world which almost universally believes them to be hopeless, it is hardly surprising that we sometimes fail to make them completely well; what is surprising is how often we do.

When we had some three-year-old severely brain-injured children reading with total understanding, doing math, and gaining encyclopedic knowledge—and some six-year-old children who were physically, intellectually, and socially at higher levels than average, unhurt children—it was impossible to avoid the obvious question, "Is it good to be brain-injured, or are well kids not as well as they should be?"

As a result, for the last 35 years, we have had two responsibilities:

1. To teach parents how to make profoundly and severely brain-injured children completely well.

2. To make well children physically, intellectually, and socially splendid.

Parents come from around the world to learn how to do so.

We succeed in making well children "severely gifted," and when we do, they are very much like Michael in every way, except in degree. With Michael as inspiration, we will set about making our splendid children as profoundly gifted as Michael is. We would be charmed to have the Kearneys here as our honored guests. I believe the Kearneys would enjoy themselves vastly.

P.S.: As a small boy I read every issue of *The Saturday Evening Post* from cover to cover, and I continue to do so.

Glenn Doman, Founder
The Institutes for the Achievement of Human Potential
Philadelphia, Pennsylvania

Cover Story

The first thing I do when I get my *Saturday Evening Post* is to search for the old *Post* covers. After seeing and enjoying them, I peruse the rest of the magazine.

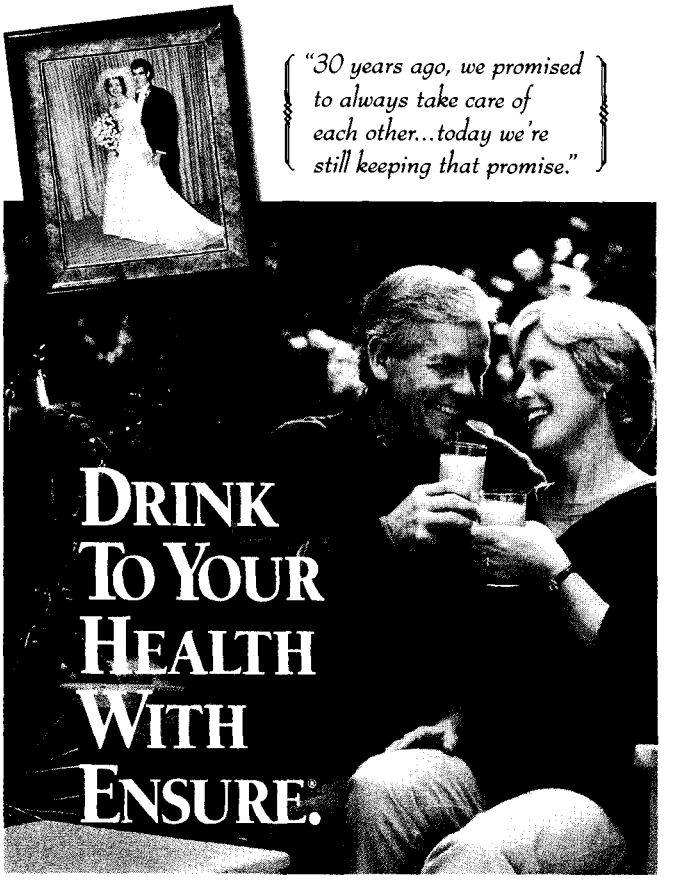
Your current issues usually sit on the coffee table for several days, allowing the repeated pleasure of looking at these covers again.

The May/June '96 issue was a sad disappointment to me, as well it must have been to thousands of other subscribers when the past covers were omitted.

Hopefully, they will be reinstated as a very important part of your magazine.

Dick Snyder
Lexington, Michigan

Editor's note: The Illustrators Hall of Fame appears on page 58 of this issue. We're happy that readers enjoy the regular feature.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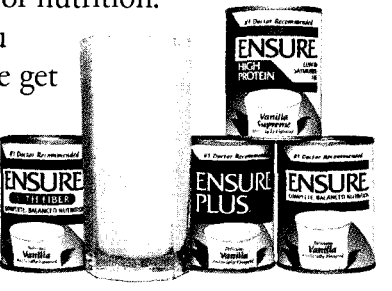

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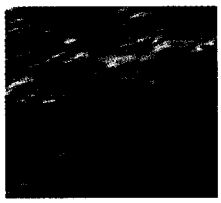
"Since I found out

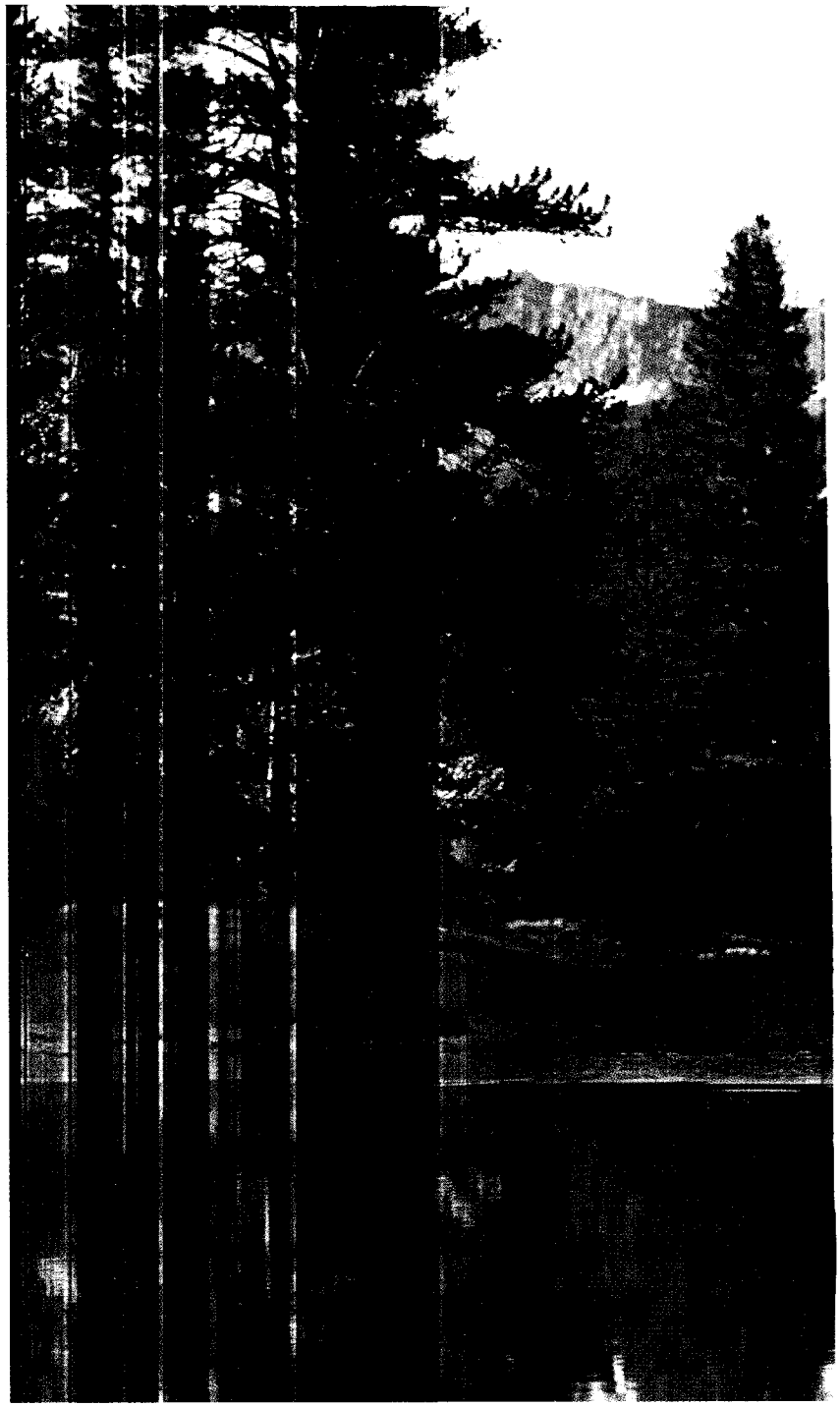
about my osteoporosis,

I've been afraid to

walk to my mailbox

when it rains."





FIGHT YOUR FEAR.

IT'S POSSIBLE WITH FOSAMAX.

THE FIRST HORMONE-FREE TREATMENT FOR OSTEOPOROSIS PROVEN TO REBUILD BONE.

MERCK

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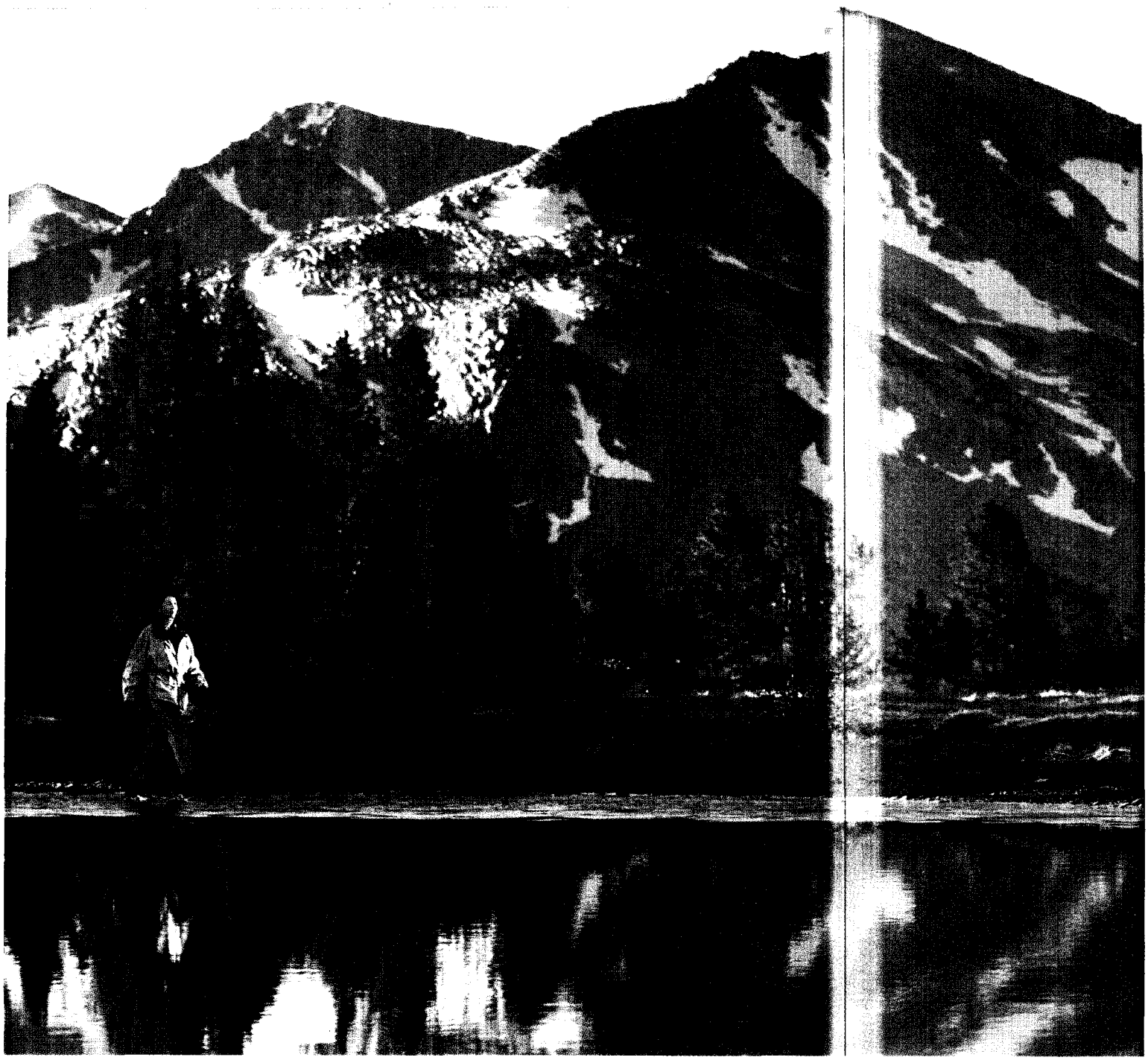

Knowing you have osteoporosis doesn't have to mean you'll never be able to do the things you want to do, like to do, live to do.

Because there's FOSAMAX—a breakthrough treatment that's hormone-free and proven to restore lost bone in many women past menopause.

Is FOSAMAX right for you? Ask your doctor. It should be used with caution if you have certain stomach or digestive problems, and should not be used if you have certain disorders of the esophagus (the tube that connects your mouth with your stomach), are unable to stand or sit upright for at least 30 minutes or have severe kidney disease, low levels of calcium in your blood, or are pregnant or nursing. And like any prescription drug, FOSAMAX may cause side effects, most commonly stomach and muscle/bone pain. Generally, the side effects have been mild and usually have not stopped people from taking it. However, some patients may develop serious reactions in the esophagus.

But if you're like most women with osteoporosis, FOSAMAX could be an exciting option for you. And a way to build back your bone strength, as well as your confidence.

FOSAMAX®

(alendronate sodium tablets)

ASK YOUR DOCTOR OR CALL 1 800 799-4936 EXT. 19

Please see the Patient Information on the next page and discuss it with your doctor.

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DID YOU KNOW?

Menopause is a key factor contributing to the development of osteoporosis.

WHY IS THIS?

Our bodies go through a continuous cycle where old bone is broken down and new bone is formed. Osteoporosis is caused by an imbalance in this cycle, where too much bone is broken down and not completely replaced.

An estimated 20 million women in the U.S., most of whom are past menopause, have osteoporosis. During menopause, hormonal changes—namely, decreasing levels of estrogen—speed up bone loss. In the first five years after menopause, women may lose as much as 25% of their bone mass. In many women, this bone loss is severe enough to make bones weak and fragile, causing them to break easily.

The best way to manage your bone health is to work with your doctor, who can recommend evaluation and treatment programs that are best for you.

FOR MORE INFORMATION ABOUT OSTEOPOROSIS, CALL 1 800 799-4936 EXT. 19

FOSAMAX® (alendronate sodium tablets)
Patient Information about
FOSAMAX® (FOSS-ah-max) for Osteoporosis
Generic name: alendronate sodium (a-LEN-dro-nate)

Please read this information before you start taking FOSAMAX. Also, read the Patient Information leaflet each time you renew your prescription, just in case anything has changed. Remember, the leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

How should I take FOSAMAX?

These are the important things you must do to help make sure you will benefit from FOSAMAX:

1. **After getting up for the day, swallow your FOSAMAX tablet with a full glass (6-8 oz.) of plain water only.**
   Not mineral water
   Not coffee or tea
   Not juice
2. **After swallowing your FOSAMAX tablet do not lie down — stay fully upright (sitting or standing) for at least 30 minutes and until after your first food of the day. Do not chew or suck on a tablet of FOSAMAX.**
3. **Do not take FOSAMAX at bedtime or before getting up for the day.**
   The above actions will help the FOSAMAX tablet reach your stomach quickly and help avoid irritation of your esophagus (the tube that connects your mouth with your stomach).
4. **After swallowing your FOSAMAX tablet, wait at least 30 minutes before taking your first food, beverage, or other medication of the day,** including antacids, calcium supplements and vitamins.
   FOSAMAX is effective only if taken when your stomach is empty.
5. **If you develop difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**
6. Take FOSAMAX once a day, every day.
7. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis only if you continue to take it.
8. If you miss a dose do not take it later in the day. Continue your usual schedule of 1 tablet once a day the next morning.

What is FOSAMAX?

FOSAMAX is for the treatment of osteoporosis (thinning of bone) in women after menopause. You will find more information about osteoporosis at the end of the leaflet.

How does FOSAMAX work?

FOSAMAX works by:

- Reducing the activity of the cells that cause bone loss
- Decreasing the faster rate of bone loss that occurs after menopause
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone increases and the bone is less likely to fracture. Thus, FOSAMAX reverses the progression of osteoporosis.

Who should not take FOSAMAX?

Patients with:

- Certain disorders of the esophagus (the tube that connects your mouth with your stomach)
- Inability to stand or sit upright for at least 30 minutes
- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or Nursing

FOSAMAX is for use by women after menopause. If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX. However, some patients may develop chest pain or severe difficulty or pain upon swallowing due to serious reactions such as irritation or ulceration of the esophagus (the tube that connects your mouth with your stomach). This may occur especially if patients do not drink a full glass of water with FOSAMAX and/or if they lie down in less than 30 minutes and before their first food of the day. It may also occur if patients continue to take FOSAMAX after developing symptoms suggesting irritation of the esophagus.

Some patients treated with FOSAMAX experienced abdominal (stomach) pain, which was the most commonly reported side effect. Less frequently reported were other digestive disturbances such as:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea and gas.

Muscle/bone pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash has occurred.

Anytime you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then new bone is formed. This balanced process of resorbing and forming bone keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause. Menopause happens when the ovaries stop producing the female hormone, estrogen, or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker.

At the start osteoporosis usually has no symptoms, but it can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may not be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

How can osteoporosis in postmenopausal women be treated?

- **Medication.** Your doctor may prescribe FOSAMAX.
- **Lifestyle changes.** In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise must be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important to patients with osteoporosis. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, drink a full glass of milk and contact your local poison control center or emergency room immediately. Do not induce vomiting. Do not lie down.

The Patient Information leaflet provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other health care provider.

MERCK & CO., INC. Issued March 1996 West Point, PA 19486, USA

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FOSAMAX®
(alendronate sodium tablets)

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SWING TIME

Music motivates and improves athletic performance.

by Carol Krucoff

Illustrated by Don Trawin

"The trouble with golf," says novice player Mary Sheridan, "is that if you think too hard, it messes you up." Mental checklists reminding her to put her feet here, tilt her head there, and keep her eye on the ball result in an "analysis paralysis" that makes Sheridan tense up and play poorly.

That's why the 50-year-old psychiatric social worker from Evanston, Illinois, sings the country-western tune "Give Me One More Shot" to herself when she prepares to tee off. "I take three gentle little practice swings to the rhythm of the song, then go to the ball," she says. "The music gives me cues about what to do. Plus it distracts me, calms me, and makes the game a lot of fun."

It also improves players' scores, say Sheridan's instructors at the Green To Tee golf school in Deerfield, Illinois, where waltzes, cha-chas, mambos, and other music are all part of an innovative program called Rhythmic Golf Training.

"The golf swing is a dance, and our instruction often has the look and feel of a dance class," says Joe Bosco, a former real-estate broker who developed the program with Peter Donahue, the former head professional at the Winnetka (Illinois) Golf Club, and Ray Tasch, a golfer and ballroom dancer.

Students learn a preshot routine, set to a rhythm, which is like a dance step that enables them to move with the beat. "Plus, music helps your mind become quiet and focused," says Bosco, who sings portions of Mozart's 21st Piano Concerto to himself when he plays. The Winnetka Golf Club's champ before launching Green To Tee, he adds, "We're talking about a Zen approach where you don't have to be a thinking machine. You can dance your way to better golf."

In fact, a highlight of the training comes when students watch a dance routine from the movie *Carefree*, where Fred Astaire tees off a series of balls in rhythm, pausing only for a fast shuffle between strokes. "Seeing Astaire's natural swing, done to music, lets people view golf in a completely different way," says Bosco, who also has students hit the ball with their eyes closed. "Closing off one sense heightens other senses. So instead of just seeing the rhythm, you learn to hear it and feel it, too."

This connection between music and movement has been around since the days humans first beat on drums. Many top athletes use music to inspire peak performance and help them transcend distractions like soreness or fatigue. For example, Brazilian soccer star Pelé works out to American oldies from the '50s, former Olympic figure skater Jo Jo Starbuck trains to Broadway show tunes, and world powerboat champion Stuart Hayim finds Bruce Springsteen's song "Born to Run" so inspiring that he had a verse from the song inscribed on the side of his boat.

"Music is a huge part of my training and sets the mood for my workout," says former New England Patriot offensive lineman Darryl Haley, who recently competed in Kailua-Kona, Hawaii, for the annual Gatorade Ironman Triathlon—a 2.4-mile swim followed by a 112-mile bike ride and a 26.2-mile run. "If I don't feel like working out, I'll put on [gospel singer] Yolanda Adams, and she gets me going. When I'm ready to go all out, I'll listen to B.B. King, and when I come back to cool down and stretch, I'll put on Garth Brooks. It's like they're my training partners, helping me do my best."

When Haley trains without music, he says, "I have to concentrate much, much harder to get into the 'zone.' You're not allowed to wear earphones during the [Ironman] race, so I know I'll be singing my favorite songs in my head."

There is extensive literature showing that music has profound

continued on page 90

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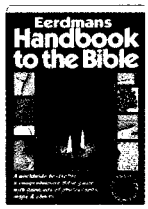

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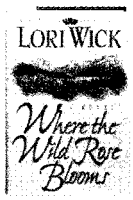

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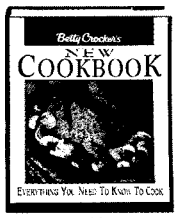

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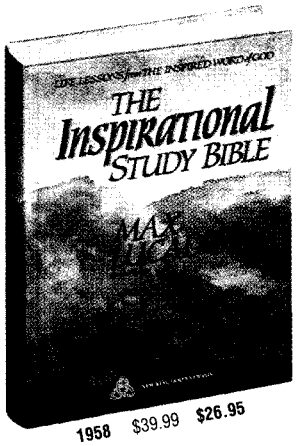

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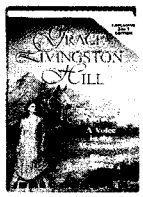

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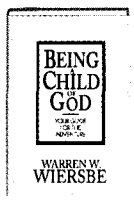

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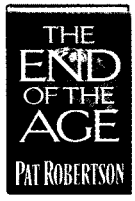

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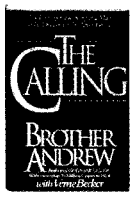

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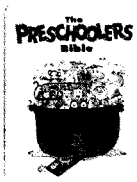

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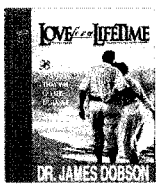

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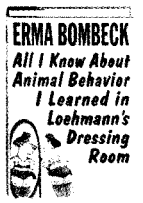

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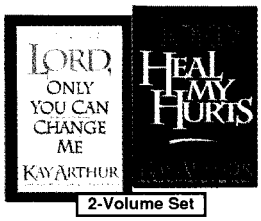

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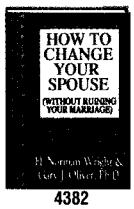

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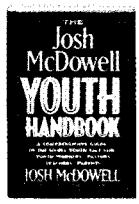

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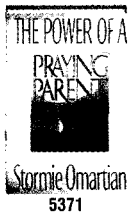

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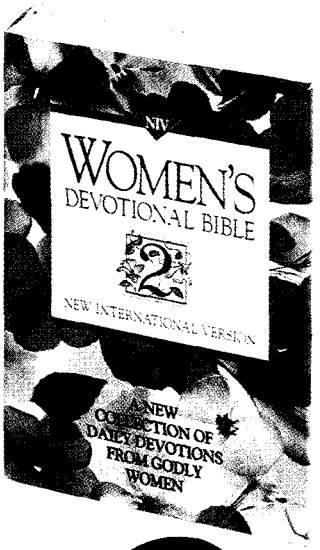

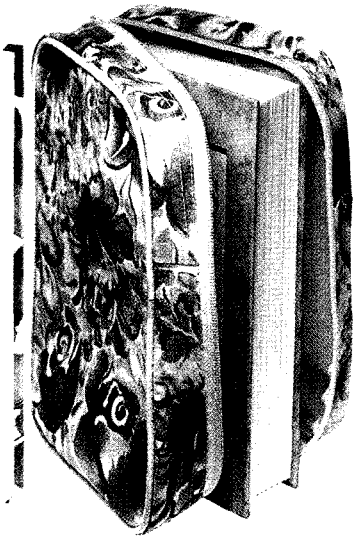

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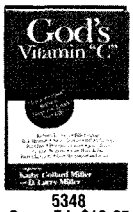

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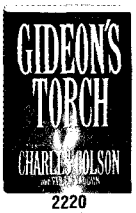

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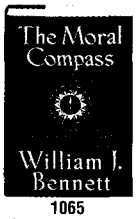

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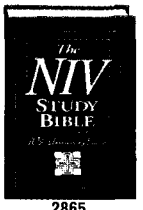

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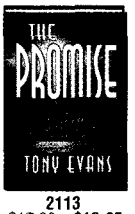

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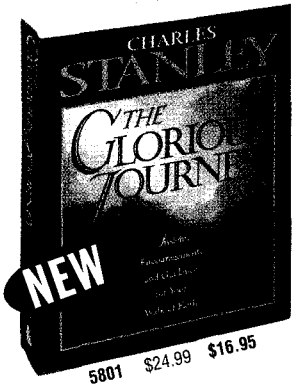

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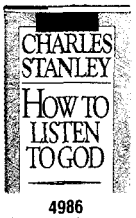

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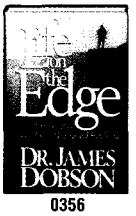

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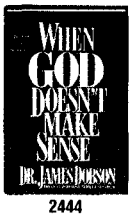

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Post People

He has starred in such hits as *Back to the Future* and last year's *The American President*. This year he'll appear in *The Frighteners* and *Mars Attack*. If that isn't enough to keep anyone busy, a new 22-episode half-hour sitcom tentatively titled "Spin," featuring him in the starring role, will start this fall.

He is, of course, ***Michael J. Fox***, already winner of three Emmy Awards and one Golden Globe. His Alex Keaton character in the seven-year run of "Family Ties" established him as one of the most popular actors in television. How "Spin" can possibly add to that fame remains to be seen.

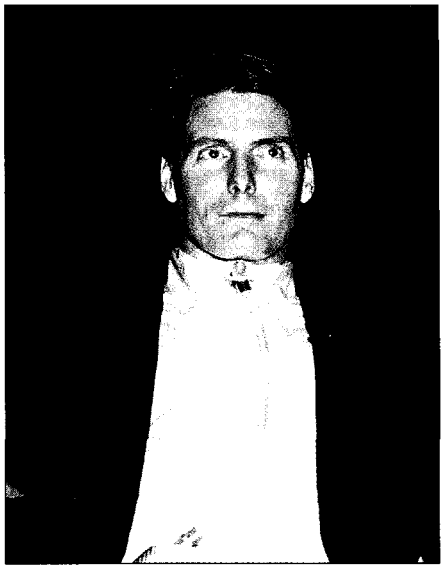
When the thunderous applause finally subsided following his appearance at the Academy Awards Ceremony on the night of March 25, ***Christopher Reeve*** explained, "I left New York in September and arrived here only today."

On May 27, 1995, the multitalented actor who had skied, sailed, and performed his own stunts awoke at the Medical Center in Charlottesville, Virginia, remembering nothing of how he came to be there. His seven-year-old horse had refused to take a jump, causing its rider to fall full force upon his head, shattering his first and second vertebrae.

After five weeks in Charlottesville and 24 weeks at the Kessler Institute in West Orange, New Jersey, Reeve is learning to live with a body he can scarcely move or feel. Still, he didn't want anyone pushing him onto the stage on Oscar night. "People in wheelchairs are seen as geeks," he said, "and I want to change that."

And he has!

Two weeks before the Awards Ceremony, he flew to Green Springs, Ohio, to christen an $18 million wing of the St. Francis HealthCare Centre, where spinal-cord patients are treated. He's working on his autobiography (for a reported $3 million) and preparing for his role as master of ceremonies for the 11-day Paralympic Games in Atlanta. He's also providing the voice of King Arthur in *The Quest for Camelot* and directing a romantic comedy by year's end.

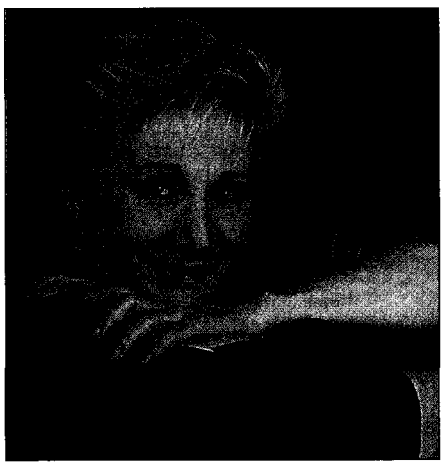


Actress Dana Morosin, Reeve's wife, learned to do everything the nurses do and refuses to be billed as "St. Dana."

"I'm just a woman whose husband fell off a horse, and I'm going to take care of him," she says. "That's what you do."

"It's hilarious that I'm playing a principal, because I used to be a holy terror," says ***Olympia Dukakis***, the high-school principal in the blockbuster *Mr. Holland's Opus*.

Recently, Olympia Dukakis was speaking out on behalf of her current concern, osteoporosis, the crippling and potentially life-threatening disease that targets older women. The film star is promoting an initiative called "The BoneMatters Tour" that will travel across the country offering bone-density tests to women at greatest risk.



"I watched my mother shrink; I watched her stoop over," she points out. "A bone-density test determined that I also had the disease, that I was ready to step off a curb and break my hip. I had to find information and make the changes in my life that I needed to make. That is what the BoneMatters Tour is going to do—give women the opportunity to get and use information so as not to become victims of osteoporosis."

If you have been watching the hit sitcom "3rd Rock from the Sun," you either have fallen blindly in love with "Dr. Mary," or you are saying to yourself, "I *know* that actress from somewhere."

We'll open the curtain and reveal a few hints. She was one of the "Saturday Night Live" originals, Allie for five years on "Kate and Allie," and costar of the feature film *The Coneheads*. Now you've got it—***Jane Curtin***, of course.

Curtin lives in Massachusetts' Berkshire Hills with her husband, a producer, and their 13-year-old daughter, who loves her mother's new show. Thus, if NBC picks up "3rd Rock" for a second season, will Mom sign on the dotted line?

"Oh, yes," she says. "I couldn't let anyone else be Dr. Mary, now could I?"

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FOOD

YOUR SLICE OF THE PIE—PIZZA!

Pizza as we know it began when tomatoes first arrived on European shores during the 16th century. Centuries later, chefs continue to explore the humble pie's culinary possibilities.

by Pat Perry

PIZZA PIGNOLATA

In 1889, Italian tavern owner Don Raffaele Esposito added a new item to his menu called "pizza," featuring tomatoes, mozzarella cheese, and basil—ingredients the cook chose to celebrate the colors of the Italian flag. Little did Don Raffaele know that the simple culinary creation would eventually become one of the most popular dishes in the world.

Hand-tossed or homemade, pizza has universal appeal with an endless variety of toppings catering to a wide array of regional tastes. In Japan, for instance, eel and squid are favorites; in Pakistan, curry is a big seller; in Russia, red herring is the topping of choice; and in Costa Rica, coconut tops the list.

In the United States, well, we like just about everything on our pizza. Lately, gourmet toppings from artichokes to zucchini are the craze. Because 94 percent of the U.S. population eats pizza, consuming approximately 100 acres of the Italian pie each day, creative cooks are daily dreaming up new ways to prepare the dish.

Post test kitchens deliver some imaginative new twists on the old favorite. Try low-fat (and guilt-free) choices such as Pizza Pignolata—topped with fresh tomatoes, broccoli florets, turkey sausage, and fat-free mozzarella cheese—or check out Zucchini-Crust Pizza, featuring homemade zucchini dough coupled with chicken breast, sweet peppers, pitted black olives, and Fontina cheese. Experiment with these creative variations, then let your imagination be your guide in coming up with your own signature pizza.

Pizza Pignolata

(Makes 1 10" pizza)

8 oz. fresh tomatoes, divided
1 pizza dough, (½ Sfinciuni dough recipe, see page 22)
1 tablespoon olive oil
1 cup broccoli florets, small
½ teaspoon garlic, crushed
2 oz. low-fat turkey sausage, cooked, sliced
2 oz. (½ cup measure) fat-free mozzarella cheese, shredded
1 tablespoon low-fat parmesan cheese, grated
2 tablespoons pine nuts, toasted

Preheat oven to 450° F. Use tomatoes held at room temperature until fully ripe; cut each ½ tomato into ⅛" slices; cut slices into halves; set aside. Chop remaining tomato; set aside.

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How Did Madeline Balletta Make Ben Kinchlow A Bee-liever?

Madeline and Ben are two dynamic, gifted people who love the Lord and are busy about the work He has given them to do. But sometimes even the most dedicated servants need a little help! Madeline has found the answer . . . and now Ben's discovered it, too!

Ben first met Madeline over 6 years ago in California while working on a television program. He was instantly captured by her warm and caring spirit, as well as her boundless enthusiasm! "There she was, at 2:00 in the morning, a 5 foot bundle of energy and there I was, a 6 foot bundle of rags!" exclaimed Ben. As co-host of the popular 700 Club, Ben's life was a hectic scramble of travel and personal appearances. Even though Ben enjoyed good health, many times he found himself fatigued and lacking the vitality he needed to fulfill all of his responsibilities.

Madeline, herself, experienced a severe need years ago when she became so fatigued that she could not even care for her family. "Waking up everyday was a chore, and I could do nothing but pray for an answer!" said Madeline. At that time, a concerned friend told her about the importance of good nutrition and introduced her to one of nature's most wondrous gifts: Royal Jelly. This precious natural substance, known as the food of the Queen Bee, has been used for centuries in Europe and the Orient for its amazing benefits. It is a powerhouse of vitamins and minerals and provides all of the essential amino acids. It contains B-complex vitamins and is a particularly rich source of pantothenic acid (B5). Through this miraculous food and a healthier lifestyle, God restored Madeline to the person He intended her to be. She was once again able to care for her family and began to truly enjoy life! Her vision to share this gift and to help others feel their best became the inspiration she needed to start her own company. At Bee-Alive, we believe Royal Jelly is one of many natural substances God has created for His people.

Today, 11 years later, Madeline keeps a schedule that amazes even Ben! She travels extensively doing TV and radio interviews, as well as conducts seminars teaching about good nutrition and the many benefits of Bee-Alive Royal Jelly! In Ben's words, "Bee-Alive Royal Jelly makes such a difference in my life — I wouldn't go a day without it. I recommend it highly."

Like Ben, thousands have learned how good nutrition and Bee-Alive Royal Jelly can make a dynamic difference in the way they feel. As he travels around the country, he loves to hear their personal success stories. Listen to just a few . . .

"Modern medicine often times does not recognize what nature has to offer. I feel Royal Jelly is a natural product that incorporates many of the things I believe in for correct holistic and preventative care!"
Neil Block, M.D., Orangeburg, NY

"I was very skeptical about your Bee-Alive products but I'm a Bee-liever now! As a single mother of 2, working full-time, my increased energy and well-being are true gifts. Thank you!"
Sabrina Shapiro, Citrus Heights, CA

"I'm 75 and I started taking Royal Jelly 6 years ago because I needed some extra energy. I now walk a few miles a day and I even keep up with my grandchildren. They say, 'Go, Go Grandma!' But the best part is that it's done so much more for me than I expected — I actually feel better than I have in years!"
Edith Strack, Lakeland, FL

"After taking Royal Jelly for just 3 weeks, I began to feel better. I've been back to work now for 2 months and I'm feeling as good as I did 10 years ago. I don't get tired and fatigued anymore. I just want to thank you for helping me!"
Shirley Whitt, Newfoundland, Canada

Ben says . . .

"If you're sick and tired of feeling tired, take charge of your life like I did! Call Bee-Alive toll-free at 1-800-543-BEES! Tell 'em Ben sent ya . . . and receive a $25 FREE Gift when you order."

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Roll out dough to 10" circle; place on pizza pan.

In saucepan heat oil until hot; add broccoli, garlic, and reserved chopped tomatoes; sauté until broccoli is nearly crisp-tender, about 4 minutes. Add sausage.

Sprinkle dough with ½ cup mozzarella cheese and tomato-sausage mixture; top with 4 tomato slices; sprinkle with parmesan cheese and pine nuts. Bake until crust is crisp and browned, about 12-15 minutes. Cut each in 4 wedges. Serve hot.

Per Serving (¼ pizza):
Calories: 264 Carbohydrate: 29.6 gm
Cholesterol: 20 mg Protein: 13.2 gm
Sodium: 222 mg Fat: 10.2 gm
Diabetic exchange: 1½ bread + 1 medium-fat meat + 1 fat + 1 vegetable

Sfinciuni/Calzone

(Makes dough for 1 pizza)

Dough:

1 teaspoon active dry yeast
¾ cup lukewarm water
2 cups unbleached flour
¼ teaspoon sugar
1 tablespoon extra virgin olive oil
2 tablespoons skim milk

Dissolve yeast completely in large bowl by stirring it into ¼ cup lukewarm water. When dissolved, in 10 minutes or less, add 1 cup flour and mix thoroughly with wooden spoon. Then, as you continue to stir, add ¼ cup lukewarm water, sugar, olive oil, and milk. When all ingredients have been smoothly blended, add ¼ cup lukewarm water and remaining cup flour; mix thoroughly once again until dough feels soft but compact, and no longer sticks to hands.

Take dough out of bowl and slap it down very hard against work counter several times until it is stretched out into a long and narrow shape. Reach for far end of dough, fold it a short distance toward you, push it away with heel of your palm, flexing your wrist. Fold it and push it away again, gradually rolling it up and bringing it close to you. Rotate dough ¼ turn, pick it up, and slap it down hard, repeating entire previous operation. Give it another ¼ turn in same direction and repeat procedure for about 10 minutes. Pat kneaded dough into round shape.

Food processor note: The previous two steps in the paragraph above may be carried out in food processor.

Film inside of clean bowl with noncaloric vegetable-based spray, put in dough, cover with plastic wrap, and put bowl in a protected, warm corner. Let dough rise until it has doubled in volume, about 3 hours. It can be made the night before—raised and kept covered in refrigerator until next day.

Sfinciuni Filling:

3 tablespoons + 1 teaspoon extra virgin olive oil
½ cup onion, sliced very thin
½ pound very lean ground beef
¼ teaspoon salt (if desired)
½ teaspoon black pepper, ground fresh from the mill
½ cup dry white wine
4 oz. shredded fontina cheese (1 cup)
½ cup ricotta
1 sfinciuni dough
1 tablespoon unflavored breadcrumbs

Put 3 tablespoons olive oil and onion in sauté pan and turn on heat to medium-high. Stir occasionally and cook until onion becomes deep, dark gold. Add ground beef, salt, and pepper. Crumble meat with fork and cook, stirring frequently, until it loses its raw, red color. Drain fat.

Add wine, turn heat down a little, and continue cooking until all liquid has simmered away. Transfer contents of pan to bowl; set aside to cool.

When cool, add fontina and ricotta to bowl and toss thoroughly until all ingredients have been evenly combined.

At least 30 minutes before you are ready to bake—the dough will have been rising about 2½ hours—preheat oven to 400°.

When dough has doubled in volume, divide in half. Wrap first half in plastic wrap and roll out other half into circle at least 10" in diameter. Rim should be no thicker than remainder of disk.

Distribute breadcrumbs over dough and 1 teaspoon olive oil, stopping about ½" short of edge. Spread meat and cheese conza over it, again stopping short of edge.

Unwrap remaining dough, put on lightly floured work surface, and roll out into disk large enough to cover first. Place over stuffing and crimp edges of two dough circles securely together, bringing edge of lower one over top one.

Brush top of dough with water, then slide sfinciuni onto the baking sheet. Bake 25 minutes. After removing from oven, let settle 30 minutes to allow stuffing flavors sufficient time to come

"You should have been more careful when you were putting the sunscreen on!"

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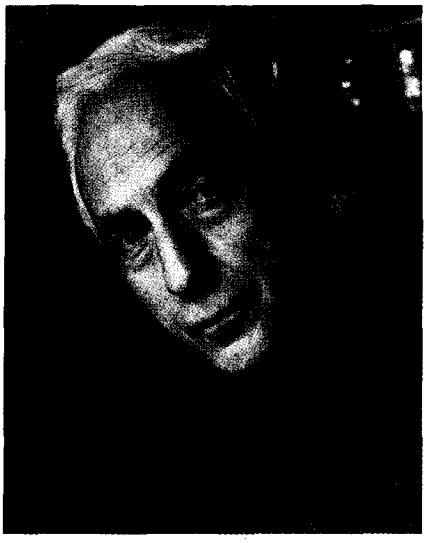
"The doctor told me I'd probably be taking blood pressure pills for the rest of my life...



If you're taking the Procardia XL®* brand of nifedipine for high blood pressure, you may be spending a lot for it.

Now, the Adalat® CC brand of nifedipine [pronounced Add-uh-lat] may lower the cost of once-a-day nifedipine therapy.[1] Lower the cost as much as 28%†§ less than Procardia XL.

Depending on which dosage strength you're taking, Adalat CC could save you up to $200...or more a year.†§ This makes Adalat CC a real value.

As with other medications of the same class, Adalat CC has been associated with swelling of the extremities, headache and other minor side effects.

So if you're taking Procardia XL for high blood pressure, not angina, and you can remember to take Adalat CC on an empty stomach, show this page to your doctor and ask if he or she would consider switching you from Procardia XL to Adalat CC for your high blood pressure. Only your doctor can authorize this switch. When switching brands of drugs, additional costs may be incurred for office visits or monitoring. If your doctor thinks it's necessary, your dosage will be adjusted.

...The good news is how much I might save†§ since he switched me to Adalat CC (nifedipine) from Procardia XL® (nifedipine)."

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§ *The cost of these products may vary depending on where you live and your pharmacy's pricing policy. Ask your pharmacist how much you can save.*

† *Price comparisons are not intended to compare effectiveness.*

‡ *These calculations are based on average retail prices as reported by IMS America, Ltd.*[1]

Bayer

Pharmaceutical Division

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*Procardia XL (nifedipine) is a registered trademark of Pfizer Labs Division, Pfizer Inc.

Please see next page for additional important information.

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INDICATION AND USAGE: ADALAT CC is indicated for the treatment of hypertension. It may be used alone or in combination with other antihypertensive agents.

CONTRAINDICATIONS: Known hypersensitivity to nifedipine.

WARNINGS: Excessive Hypotension: Although in most patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients using concomitant beta-blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients who received immediate release capsules together with a beta-blocking agent and who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta-blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and, if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction upon starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta-Blocker Withdrawal: When discontinuing a beta-blocker it is important to taper its dose, if possible, rather than stopping abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients (usually while receiving a beta-blocker) have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to these patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General - Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of ADALAT CC is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure (See WARNINGS).

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose-dependent manner with ADALAT CC. The placebo subtracted rate is approximately 8% at 30 mg, 12% at 60 mg and 19% at 90 mg daily. This edema is a localized phenomenon, thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Information for Patients: ADALAT CC is an extended release tablet and should be swallowed whole and taken on an empty stomach. It should not be administered with food. Do not chew, divide or crush tablets.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small increase (<5%) in mean alkaline phosphatase was noted in patients treated with ADALAT CC. This was an isolated finding and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported with nifedipine treatment. In controlled studies, ADALAT CC did not adversely affect serum uric acid, glucose, cholesterol or potassium.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs' test with or without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions: Beta-adrenergic blocking agents: (See WARNINGS).

ADALAT CC was well tolerated when administered in combination with a beta blocker in 187 hypertensive patients in a placebo-controlled clinical trial. However, there have been occasional literature reports suggesting that the combination of nifedipine and beta-adrenergic blocking drugs may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina in patients with cardiovascular disease.

Digitalis: Since there have been isolated reports of patients with elevated digoxin levels, and there is a possible interaction between digoxin and ADALAT CC, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing ADALAT CC to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Quinidine: There have been rare reports of an interaction between quinidine and nifedipine (with a decreased plasma level of quinidine).

Cimetidine: Both the peak plasma level of nifedipine and the AUC may increase in the presence of cimetidine. Ranitidine produces smaller non-significant increases. This effect of cimetidine may be mediated by its known inhibition of hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. In rodents, rabbits and monkeys, nifedipine has been shown to have a variety of embryotoxic, placentotoxic and fetotoxic effects, including stunted fetuses (rats, mice and rabbits), digital anomalies (rats and rabbits), rib deformities (mice), cleft palate (mice), small placentas and underdeveloped chorionic villi (monkeys), embryonic and fetal deaths (rats, mice and rabbits), prolonged pregnancy (rats; not evaluated in other species), and decreased neonatal survival (rats; not evaluated in other species). On a mg/kg or mg/m^2 basis, some of the doses associated with these various effects are higher than the maximum recommended human dose and some are lower, but all are within an order of magnitude of it.

The digital anomalies seen in nifedipine-exposed rabbit pups are strikingly similar to those seen in pups exposed to phenytoin, and these are in turn similar to the phalangeal deformities that are the most common malformation seen in human children with *in utero* exposure to phenytoin.

There are no adequate and well-controlled studies in pregnant women. ADALAT CC should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Nifedipine is excreted in human milk. Therefore, a decision should be made to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

ADVERSE EXPERIENCES: The incidence of adverse events during treatment with ADALAT CC in doses up to 90 mg daily were derived from multi-center placebo-controlled clinical trials in 370 hypertensive patients. Atenolol 50 mg once daily was used concomitantly in 187 of the 370 patients on ADALAT CC and in 64 of the 126 patients on placebo. All adverse events reported during ADALAT CC therapy were tabulated independently of their causal relationship to medication.

The most common adverse event reported with ADALAT® CC was peripheral edema. This was dose related and the frequency was 18% on ADALAT CC 30 mg daily, 22% on ADALAT CC 60 mg daily and 29% on ADALAT CC 90 mg daily versus 10% on placebo.

Other common adverse events reported in the above placebo-controlled trials include: Headache (19%, versus 13% placebo incidence); Flushing/heat sensation (4%, versus 0% placebo incidence); Dizziness (4%, versus 2% placebo incidence); Fatigue/asthenia (4%, versus 4% placebo incidence); Nausea (2%, versus 1% placebo incidence); Constipation (1%, versus 0% placebo incidence).

Where the frequency of adverse events with ADALAT CC and placebo is similar, causal relationship cannot be established.

The following adverse events were reported with an incidence of 3% or less in daily doses up to 90 mg:

Body as a Whole/Systemic: chest pain, leg pain **Central Nervous System:** paresthesia, vertigo **Dermatologic:** rash **Gastrointestinal:** constipation **Musculoskeletal:** leg cramps **Respiratory:** epistaxis, rhinitis **Urogenital:** impotence, urinary frequency

Other adverse events reported with an incidence of less than 1.0% were:

Body as a Whole/Systemic: cellulitis, chills, facial edema, neck pain, pelvic pain, pain **Cardiovascular:** atrial fibrillation, bradycardia, cardiac arrest, extrasystole, hypotension, palpitations, phlebitis, postural hypotension, tachycardia, cutaneous angiectases **Central Nervous System:** anxiety, confusion, decreased libido, depression, hypertonia, insomnia, somnolence **Dermatologic:** pruritus, sweating **Gastrointestinal:** abdominal pain, diarrhea, dry mouth, dyspepsia, esophagitis, flatulence, gastrointestinal hemorrhage, vomiting **Hematologic:** lymphadenopathy **Metabolic:** gout, weight loss **Musculoskeletal:** arthralgia, arthritis, myalgia **Respiratory:** dyspnea, increased cough, rales, pharyngitis **Special Senses:** abnormal vision, amblyopia, conjunctivitis, diplopia, tinnitus **Urogenital/Reproductive:** kidney calculus, nocturia, breast engorgement

The following adverse events have been reported rarely in patients given nifedipine in other formulations: allergenic hepatitis, alopecia, anemia, arthritis with ANA (+), depression, erythromelalgia, exfoliative dermatitis, fever, gingival hyperplasia, gynecomastia, leukopenia, mood changes, muscle cramps, nervousness, paranoid syndrome, purpura, shakiness, sleep disturbances, syncope, taste perversion, thrombocytopenia, transient blindness at the peak plasma level, tremor and urticaria.

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Reference:
1. *IMS NPA+, IMS America, LTD., January 1996.*

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together and develop. Cut into pie-shaped wedges and serve.

Per Serving (⅛ pie):
Calories: 302 Carbohydrate: 28.1 gm
Cholesterol: 36 mg Protein: 15.0 gm
Sodium: 355 mg Fat: 14.3 gm
Diabetic exchange: 2 bread + 1½ medium-fat meat + 1 fat

Chicago-Style Calzone

(Makes 6 servings)

Crust:

Sfincuini dough (see previous recipe)

Tomato Sauce:

2 tablespoons olive oil
1 garlic clove, minced
3½ cups Red Gold crushed tomatoes
1½ teaspoons minced fresh oregano
1½ teaspoons minced fresh basil
¼ teaspoon freshly ground black pepper
2½ cups shredded fat-free, low-salt mozzarella cheese
¼ cup grated skim-milk parmesan cheese
¼ cup grated skim-milk romano cheese
Spinach Pesto Sauce, following (if desired)

Preheat oven to 450° F. Heat olive oil in large saucepan and sauté garlic lightly. Stir in tomatoes, oregano, basil, and pepper. Simmer 30 minutes or until very thick.

On lightly floured surface, roll dough into 16" circle or oval. Fit this into 12"-14" deep-dish pizza pan.

Mix cheeses and spread evenly over dough. Roll up cheese in dough. Seal edges of dough together.

Pour tomato mixture over dough and, if desired, top with Spinach Pesto Sauce. Bake 25-30 minutes, or until crust is golden.

Per Serving (⅙ with pesto):
Calories: 448 Carbohydrate: 42.3 gm
Cholesterol: 35 mg Protein: 26.4 gm
Sodium: 818 mg Fat: 19.2 gm
Diabetic exchange: 2½ bread + 2 vegetable + 2 med. fat meat + 2 fat

Spinach Pesto Sauce

(Makes 1½ cups with fresh spinach and fresh basil)

¼ cup pine nuts
3 garlic cloves, chopped
⅓ cup olive oil
1 cup chopped fresh spinach
¾ cup fresh basil leaves or 2 tablespoons dried basil
¼ cup grated parmesan cheese
¼ cup grated romano cheese

continued on page 95

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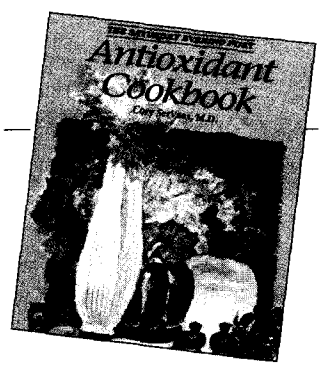

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VETS ON PETS

PROTECTING PETS FROM SUMMER PESTS

From fleas to ticks to heatstroke, the dog days of July and August pose special risks for pets.

by Sheldon L. Gerstenfeld, V.M.D.

Illustration by Norman Rockwell

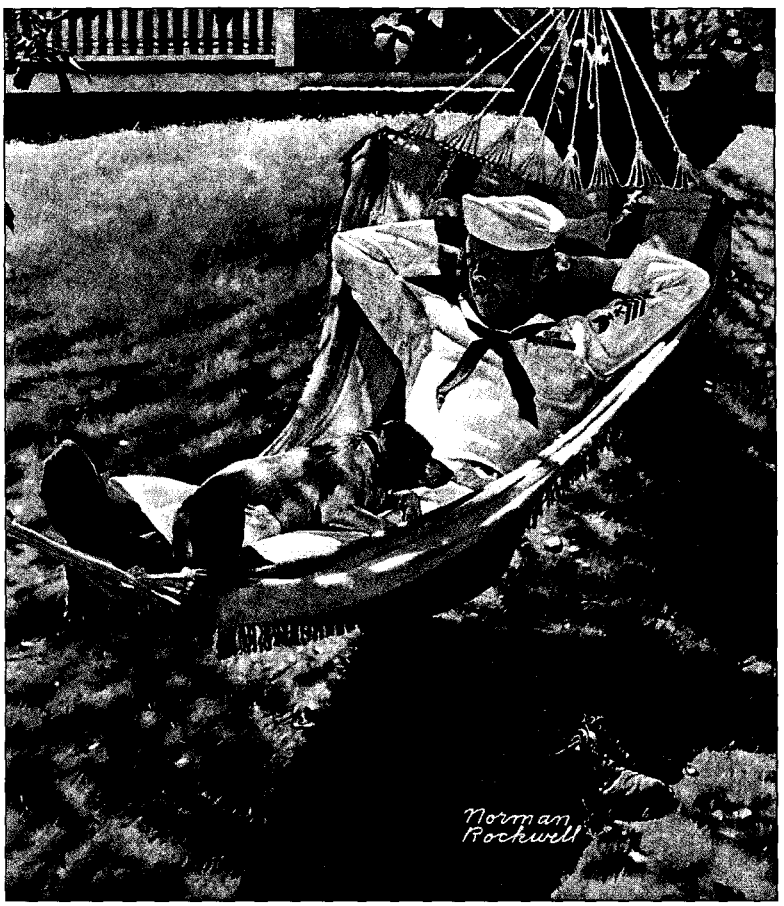
Living things have their own ways to survive the heat: People sweat; dogs and cats pant. However you endure the sweltering days of July, be aware of the risks your pet faces during the summer. The hot weather poses all kinds of dangers—from diseases caused by bug bites to heatstroke. Here's what to look out for and how to help.

Bugs Are Not Just Pesky—They Can Be Dangerous

At the very least, summer insects are irritating. The bees, flies, and mosquitoes that buzz around our picnics at the beach or park annoy not only us but our pets, too.

Bees, as well as wasps, hornets, and yellow jackets, sting pets, most commonly on the nose or paw. A sting will cause itching; you may notice that your pet tries to ease the itch by rubbing the affected area. Your pet can break out in hives as a result of being stung, or the sting site may swell. A serious reaction, such as difficulty breathing, is rare. If your pet is stung, call your veterinarian. Describe your pet's reaction to the sting and discuss possible treatments.

Dogs that play outside during the summer can get bitten by flies; these insects love to gather on the tips of a dog's ears. (Flies don't seem to bother cats as much.) A dog that is frequently bitten by flies will have ears that look scabby and red. Fly repellents are available at pet stores, but remember that chemicals—in spray or collar form—are not a good mix with young children.



Once you've taken the necessary safety precautions, you and your pet can relax and enjoy all that summer has to offer.

Fleas and ticks are other common pests. Daily brushing can help keep the problem under control. Hosing down your dog weekly will not only wash away fleas and ticks, but will also cool it off. A cat can usually remain tick-free by licking itself with its barbed tongue. There is a new prescription antiflea medication on the market for dogs and cats called Program, so if your pet has a severe flea problem, talk to your veterinarian.

If you are in an area where Lyme disease regularly occurs, you may want to have your dog vaccinated against it. Cats can contract Lyme disease, too, but a vaccine for cats and people does not exist. Symptoms in both cats and dogs include fever, lameness, and a rash. Lyme disease is treatable, but it can cause long-term problems if it's not caught early.

Another insect that can be dangerous is the mosquito, which can inject immature heartworms into the skin. These migrate through the body to the heart, where they mature, causing severe heart, lung, or liver damage and eventually death. All dogs should be tested for heartworm annually and be on a heartworm-preventive medicine. (There is no such medicine for cats, although cats are less likely to be infected.)

Keeping Cool on a Hot Day

Another summer health concern is heatstroke, a condition in which the

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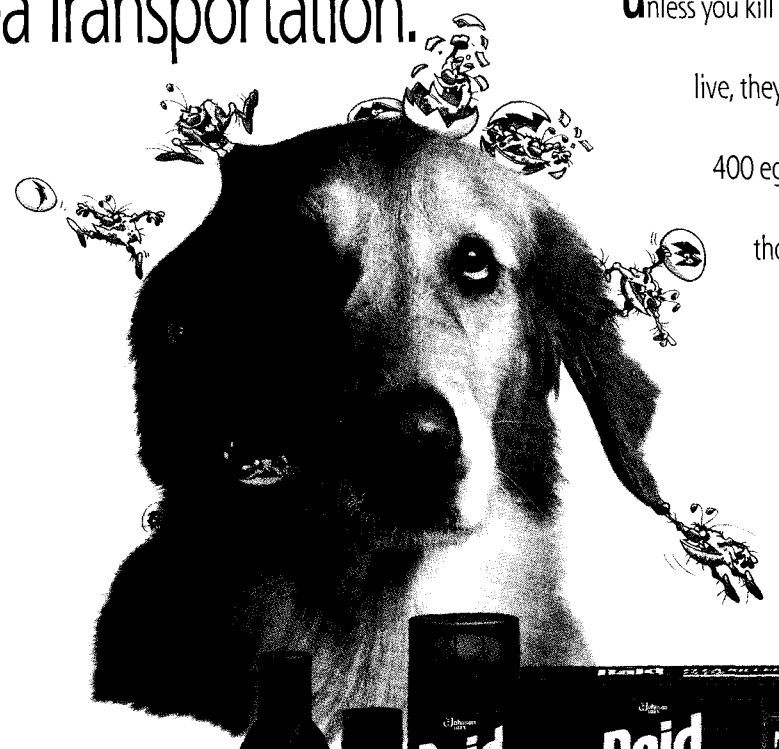
Flea Transportation.

Unless you kill fleas and their hatching eggs everywhere they live, they'll be back. That's because a single flea can lay 400 eggs. And everywhere your pets go, they spread those eggs. Both indoors and out. Once the eggs hatch, new fleas can jump back on your pet.



Flea Devastation.

Treat the Pet

Fleas prefer to stay on your pet because that's where they can lay hundreds of eggs. **Raid® Flea Killer Plus Dog Spray** kills fleas plus their hatching eggs for up to 4 weeks, while ***new*** **Cat Foam** penetrates to keep killing fleas where they hide. Each are uniquely designed so they are pet-friendly and easy to use.

Treat the Home

Once fleas hitchhike indoors on pets or clothing, they can spread their eggs everywhere–even in carpet and upholstery. Use **Raid® Flea Killer Plus Carpet & Room Spray** to treat areas frequented by your pet. Use the **Raid® Flea Killer Plus Fogger** if the problem has reached the infestation level. Both kill fleas and their eggs for months. For continuous control at breaking the flea lifecycle, there's the ***new*** non-insecticidal **Raid™ Flea Killer Plus Flea Trap**. It attracts and traps fleas from up to 20 feet away.

Treat the Yard

Flea problems usually start outdoors–in your yard. So it's important to treat these areas before fleas find their way indoors. **Raid® Flea Killer Plus Yard Spray** is the easy way to kill fleas and their hatching eggs. Just hook it up to your garden hose. And it works rain or shine.

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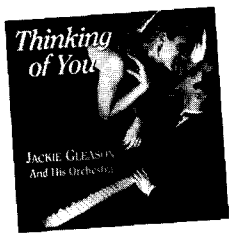
Play It Again, Sam–



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When temperatures start to soar and appetites go on the wane, it's time to chill out at mealtime with cool, healthful salads.

Summer's the right time for salads, when fresh garden produce and herbs provide the raw materials for the tastiest salad combinations you'll have all year.

When assembling salad ingredients, remember, some are overused. Iceberg lettuce, for instance. Why not turn over a new leaf? Think Boston, Bibb, radicchio, romaine, oak leaf, and butter crunch—and don't overlook the healthful aspects of fresh chard and spinach. To really spice up a green salad, toss in some arugula, also called roquette, which adds a delightful, nutty flavor.

Our favorite summer dressings are tangy vinaigrettes, made with oil and vinegar or citrus, and a whole array of herbs and flavorings. Each of the following salad recipes comes with its own flavorful dressing designed to complement the fresh ingredients.

Which one is the best? It's definitely a tossup.

Spinach and Mushroom Salad with Cucumber Dressing
(Makes 4 servings)

1 clove garlic, sliced
2 tablespoons olive oil
2 bunches spinach (about 4 cups)
1 cup sliced mushrooms
2 tablespoons white wine vinegar
1 tablespoon low-sodium soy sauce
6-8 slices cucumber
⅛ teaspoon pepper
½ cup seasoned croutons

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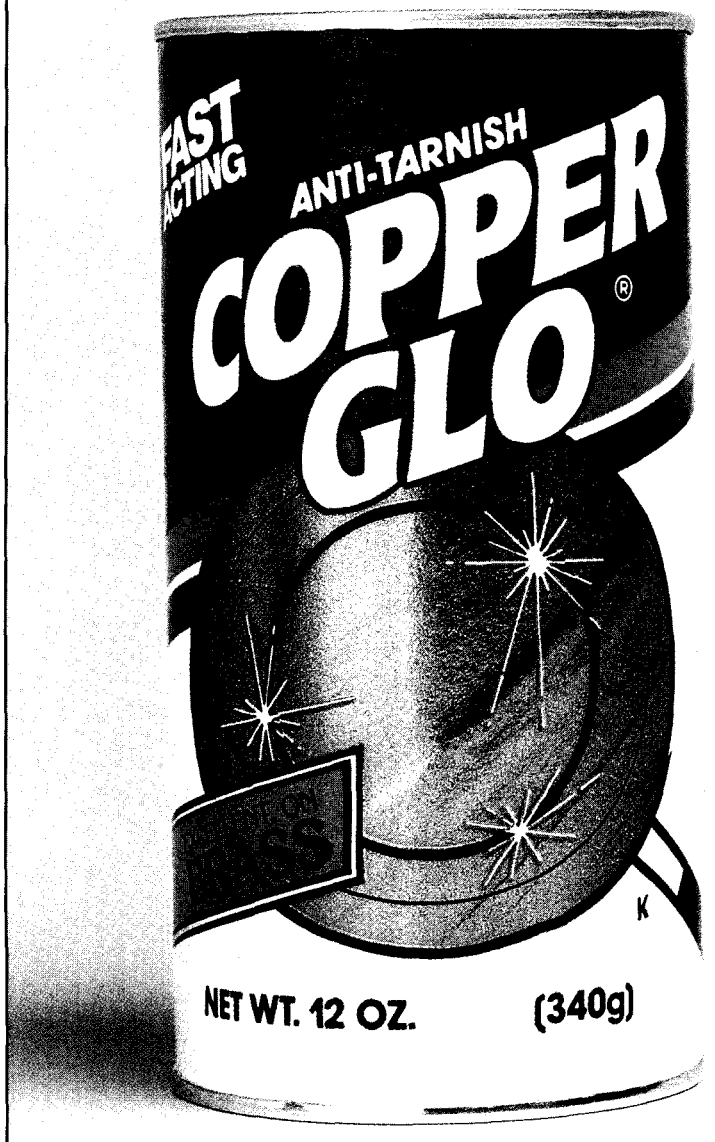
Appearances Matter!



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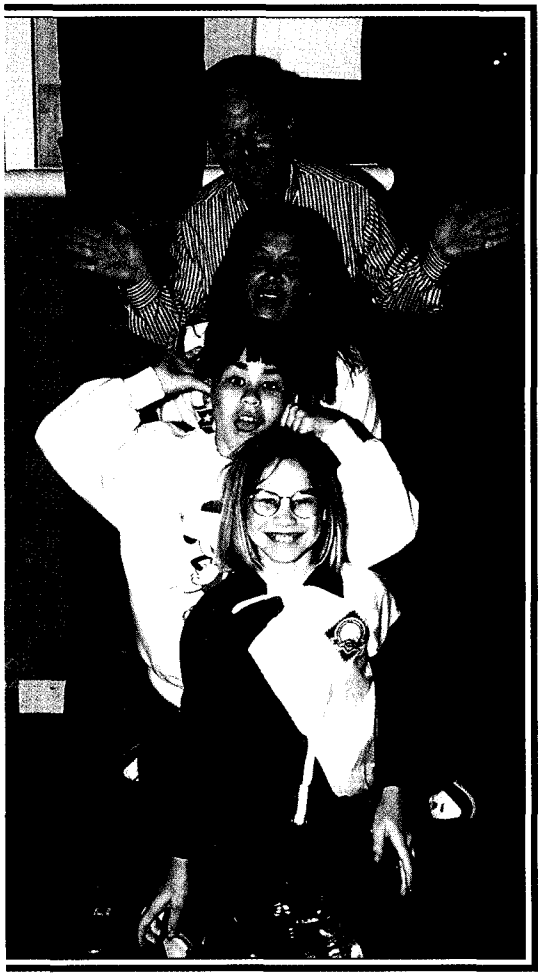
EXPLORING THE WORLD'S LARGEST CHILDREN'S MUSEUM

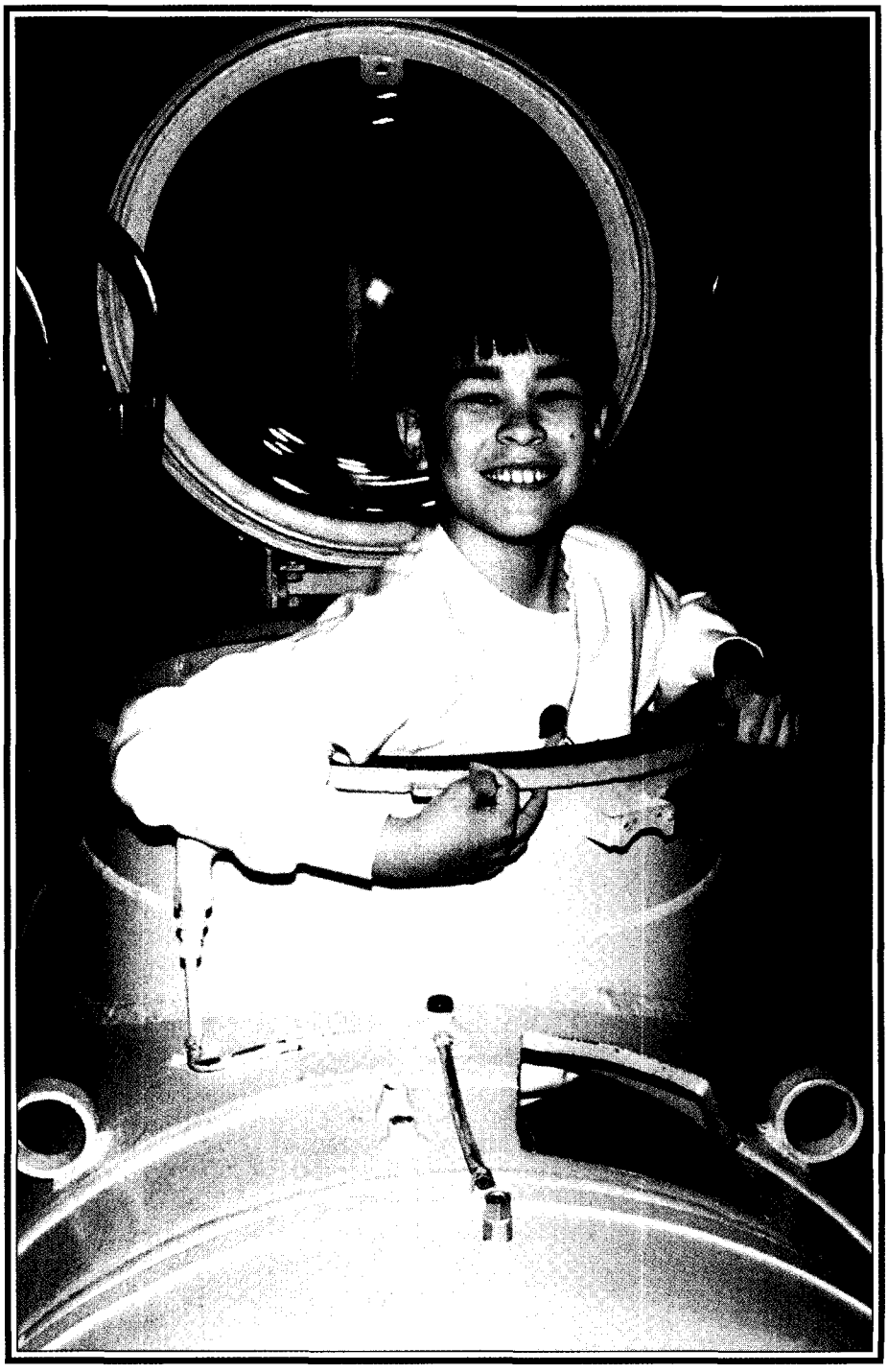
A kid's-eye view of a place where children grow up and adults don't have to.

by Michael K. Kearney

In April, my family and I visited the Children's Museum of Indianapolis. This turned out to be a very large building with five floors of things for kids to explore. The exhibits are meant to be interactive; you don't just look at them, but you can climb inside and actually play with them. It was more like an amusement park with learning simulations for children. How you played with the exhibits was up to you to decide.

When we first walked into the museum, there was a wall-size glass sculpture with water running through its various parts that immediately attracted my attention. I couldn't stop looking at it. I walked up to it and suddenly realized that it wasn't just a sculpture; it was actually a giant water clock. Minutes, seconds, and hours





Twelve-year-old graduate student Michael Kearney obviously enjoyed his "hands-on" experience at the Children's Museum of Indianapolis, where even the brightest kids are challenged. The Kearneys—father Kevin, mother Cassidy, Michael, and sister Maeghan, shown here at the "Passport to the World" gallery—eagerly look forward to their next visit.

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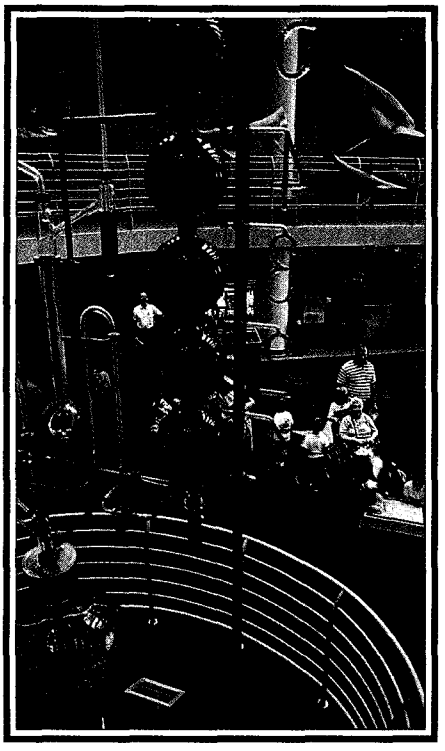
were measured off in this clock as the water flowed into its various parts. You read the time by looking at the fluid-level indicators, something like reading a measuring cup. Cool.

We went down a circular ramp to the archaeology exhibit on the floor below. As you head toward the exhibit, it gives you the impression of entering a tomb. As you enter, the first thing you notice is a mummy's tomb. You are flung into the role of playing detective by finding clues to the identity of a teenage mummy by using hieroglyphics. Along the way you can smell the materials used in the burial of the mummy, such as myrrh, cedar, cinnamon, and pine. We got to piece together an entire mummy, using puzzle pieces depicting the body, the wrappings, the casing, and the sarcophagus. There are exhibits of papyrus, Egyptian combs, and personal items of the unidentified mummy so that you can imagine how she lived in the ancient past. At the end of the exhibit, we learned the name of the unidentified mummy, but I can't give you that secret. I leave it up to you to become a detective and to take up the challenge.

We next visited the undersea exhibit, where they asked you, "What if you could go under the sea?" My sister, Maeghan, and I entered into the submarine and pretended to run the control center, since it seemed that the regular personnel must have taken a break. We then ventured out of the submarine to become creatures of the sea. First we had to select what creatures we wanted to be and put on the appropriate costumes. I pretended to be a lobster with huge claws, and Maeghan was a crab. We danced



The world's largest water clock at 30 feet keeps time by trickling (not ticking) its 70 gallons of water. Kevin and Maeghan (above) uncover fossils in an actual archaeological dig—just one of the museum's exciting activities.

The museum's whimsical and spacious Welcome Center serves as the gateway to adventure in discovering the arts, foreign cultures, history, and a fun-filled exploration of how the world works.

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around in the ocean, which was really a special-effects blue screen. This made it look like we were actually swimming underwater. After spending some time underwater, we decided it was time to get some air. We proceeded to answer questions about how fish lived, their habitat, the quality of water, and the biosphere. Everything was made for children to explore and have fun. No one minded if we touched everything, and there were plenty of volunteer helpers to point you in the right direction if you couldn't decide what to do next.

On the next level, we played with the international musical instruments, rode a carousel, and saw a neat toy-train exhibit. We were even allowed to sit in a real Indianapolis 500 racecar! And if that wasn't enough, we played with a computer-simulation game where we each became a king and ran a kingdom. My mom played, but she didn't do so well. She drove her subjects away. Oops! Every one of my simulated people loved me, though. I gave them enough to eat, didn't make them work very hard, and also paid them well.

Last, but not least, we got to be archaeologists for the day. We were given tools like shovels and brushes. Our job was to search for bones, pieces of pottery, and metal artifacts. This was very similar to an actual archaeological dig that I had participated in last year. The area for the search is first marked out on a grid, then you carefully remove the soil. Whatever artifacts you find, you must be sure to record the date and its exact location so that you can piece together its origin and purpose. Sometimes you can recover enough pieces to reassemble the original article, just like putting together a puzzle.

The Children's Museum of Indianapolis was a great place to learn about nature, science, cultures, and the prehistoric era. It bills itself as being the largest children's museum in the world. I'd have to agree, because it's the only museum that I have ever seen where I got to be part of the exhibit. If you're going to be in Indianapolis, be sure to nag your parents to take you there. ★

It's A Child's World After All

Nearly 1.3 million visitors each year explore the imaginative exhibits at the Children's Museum of Indianapolis—the world's largest children's museum. In the five-story, 356,000-square-foot facility, children of all ages (and parents) can explore the arts, foreign cultures, and history—as well as gain hands-on understanding of the fascinating world of physical and natural sciences. There are so many activities that the biggest challenge for families is which one to discover first!

How about a Fossil Dig, built to resemble the actual layers of limestone found in the earth—complete with fossils that "new geologists" can date to gain an in-depth knowledge of our common past? Crawl through a simulated mound of dirt to witness firsthand the animals that reside underground, or glimpse living plants

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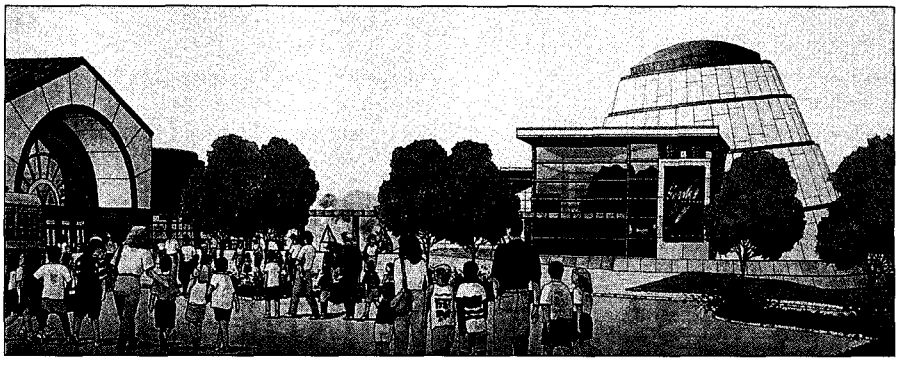
and animals from atop and under an Indiana pond. One can even scale a 20-foot limestone rock wall at the new ScienceWorks—a $2.5 million state-of-the-art science gallery that opened in June. Also in 1996, the Children's Museum unveiled the IWERKS CineDome Theater—Indiana's first high-tech, large-format theater, seating more than 300 people in a 76-foot-high dome. From June until January 1997, the museum is host to the first major fine-arts exhibit to appear in a children's museum with "Calder's Art: A Circus of Creativity." The interactive art exhibit highlights the work of American artist Alexander Calder (1898-1976), who is credited with creating a new art form, the mobile sculpture. Visitors not only view the original art but are encouraged to explore their own creative talents through numerous hands-on activities.

Over 4,000 programs, classes, and exhibits in ten galleries are offered for children of all ages each year, using the museum's collection of more than 110,000 artifacts. "Learning is fun" is the museum theme that greets you at every corner with every object, activity, and event. There is a purpose behind each display, a story to tell with each exhibit, and an idea to unfold in each gallery. Unlike the signs in a typical adult museum, many of the signs here encourage visitors to touch the exhibits, to get their hands dirty. Visitors can also explore the twisted passageways of an Indiana cave, pace the platform of a Victorian railway depot, ride a turn-of-the-century carousel, barter for goods in a French trading post, and conduct science experiments.

The Children's Museum of Indianapolis is located just minutes from downtown Indianapolis. To learn more, write to The Children's Museum, P.O. Box 3000, Indianapolis, IN 46206.



In 1996, the Children's Museum unveils exciting new attractions, including the state-of-the-art gallery ScienceWorks, the exhibit "Calder's Art: A Circus of Creativity," and the IWERKS CineDome Theater, a large-format domed theater seating 300 people.

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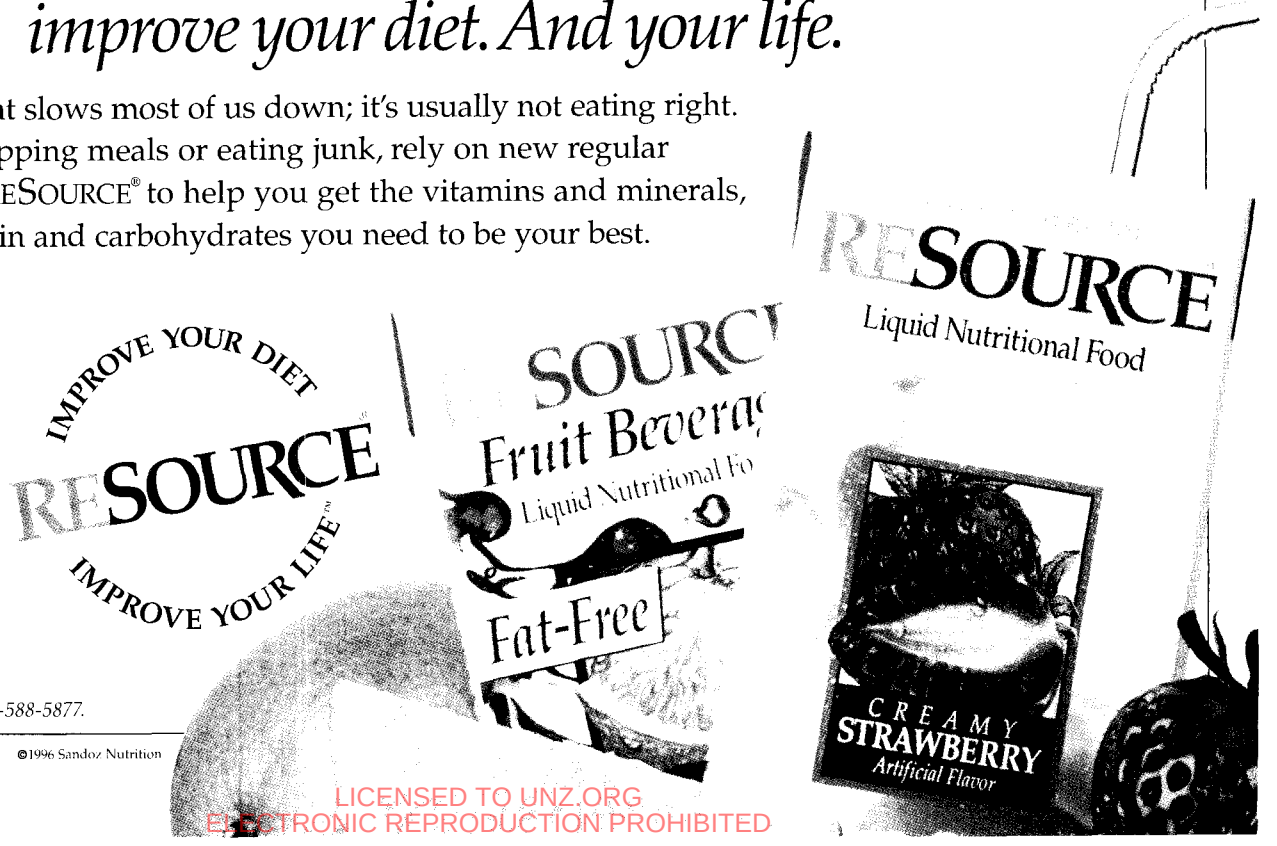

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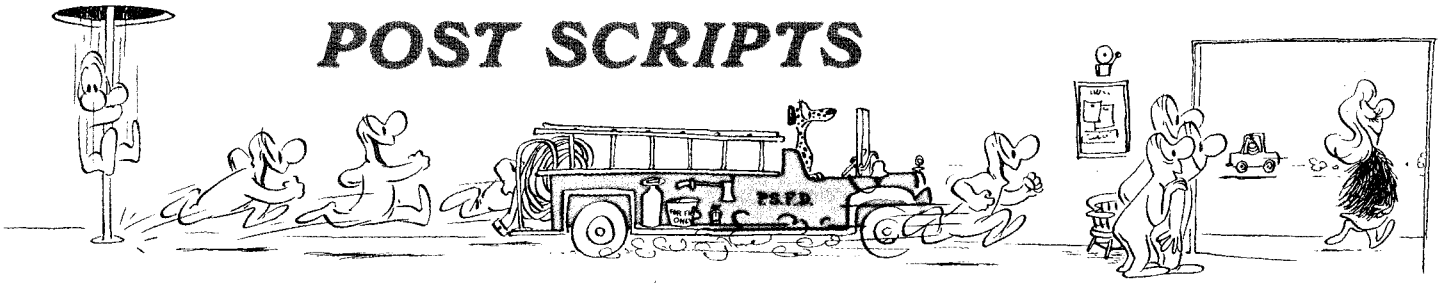


August's Sweet Misery

Cat can't wait to flop;
Even grasshoppers won't hop.
Birds are at the bath;
No rain, no cool aftermath:
Dog days are here!

—Beverly Newton

Logrolling into Eternity

General McArthur said, "Old soldiers never die, they just fade away!"

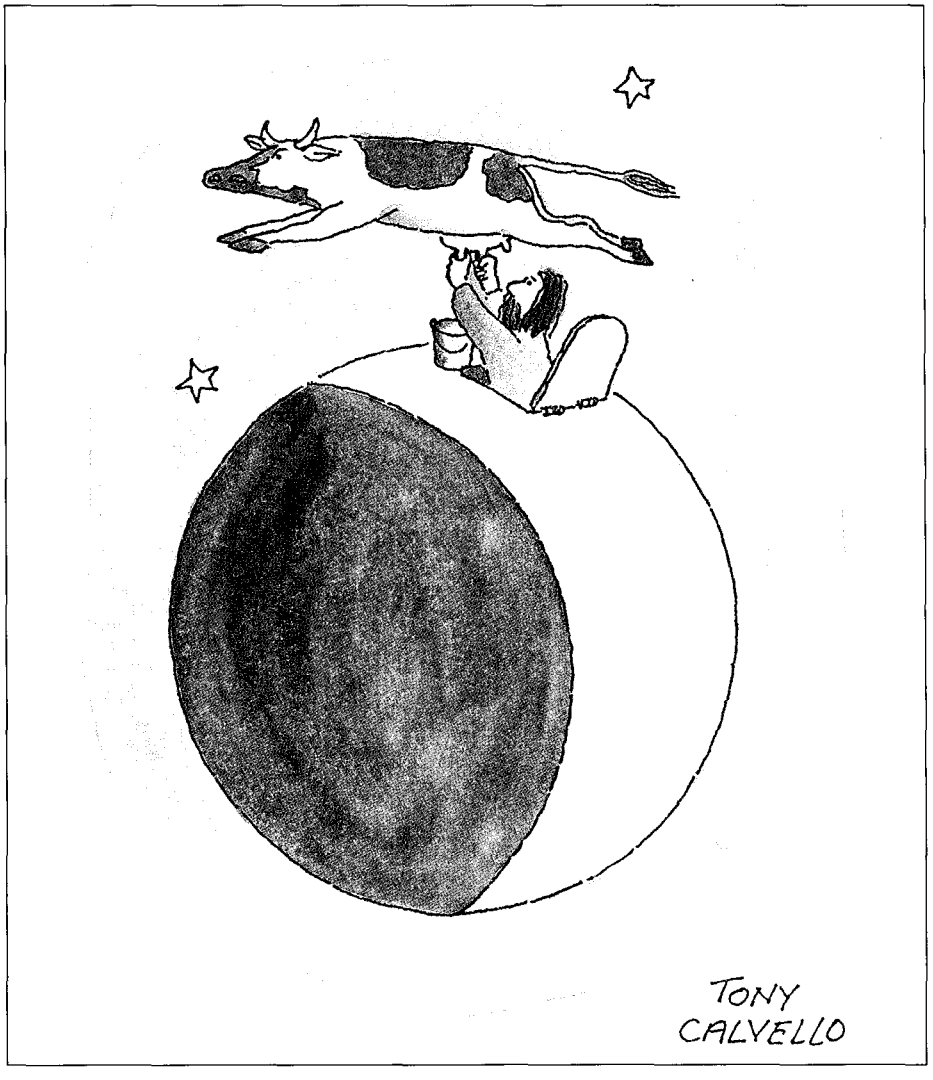
Others I have heard:
Old lawyers never die,
They just lose their appeal.
Old college presidents never die,
They just lose their faculties.
Old fishermen never die,
They just smell that way.
Old burglars never die,
They just steal away.
Old quarterbacks never die,
They just pass on.
Old gardeners never die,
They just kick the bucket.
Old mediums never die,
They just give up the ghost.

—J.R. Webb, Jr.

Seconds, Anyone?

A truck driver was asked about the food at a certain truck stop along his busy route. "The food is terrible there," he said. "The mashed potatoes are watery, the green beans are tasteless, the roast beef is tough, the apple pie is limp and leathery, and the coffee tastes like dishwater. But worst of all, they serve such small portions!"

—Herm Albright



Where the Boys Are

Most women do the cooking, but
What I have found bewitchin'
Is that, at every party, men
All gather in the kitchen.

—Dick Emmons

Running Wild

I couldn't resist the impulse to ask a jogger: "The leg bone connected to the . . . headphone?"

—Troy Dickson

I Meant to Do That

An optimist is a person caught in a revolving door who pinches his fingers, stubs his toes, bangs his head, and disjoints his nose . . . and keeps believing there is a graceful way out.

—Dean Redman

It's Good for You, Really

It is more blessed to give than to receive, and that is particularly true of unsolicited advice.

—Ron Zeh

Historical Bias

Disagreeing with a statement made by the then-Prime Minister Stanley Baldwin, Winston Churchill declared emphatically, "History will say that the Right Honourable Gentleman was wrong in this matter." After a brief pause he added, "I know it will, because I shall write the history."

Time to Change the Channel

Abe Lincoln was right when he stated that a house divided cannot stand—and this was long before there was bickering over the TV remote control.

—Gil Stern

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Out of Sight, On My Mind

My glasses reposed on the top of my nose
Till I shoved them up on to my head;
And that's when the brain that the head should contain
Momentarily, must have gone dead.
So I hunted around and my glasses weren't found
On the chair or the desk or the shelf.
In a frenzied tirade, it appears that I made
A spectacle of myself!

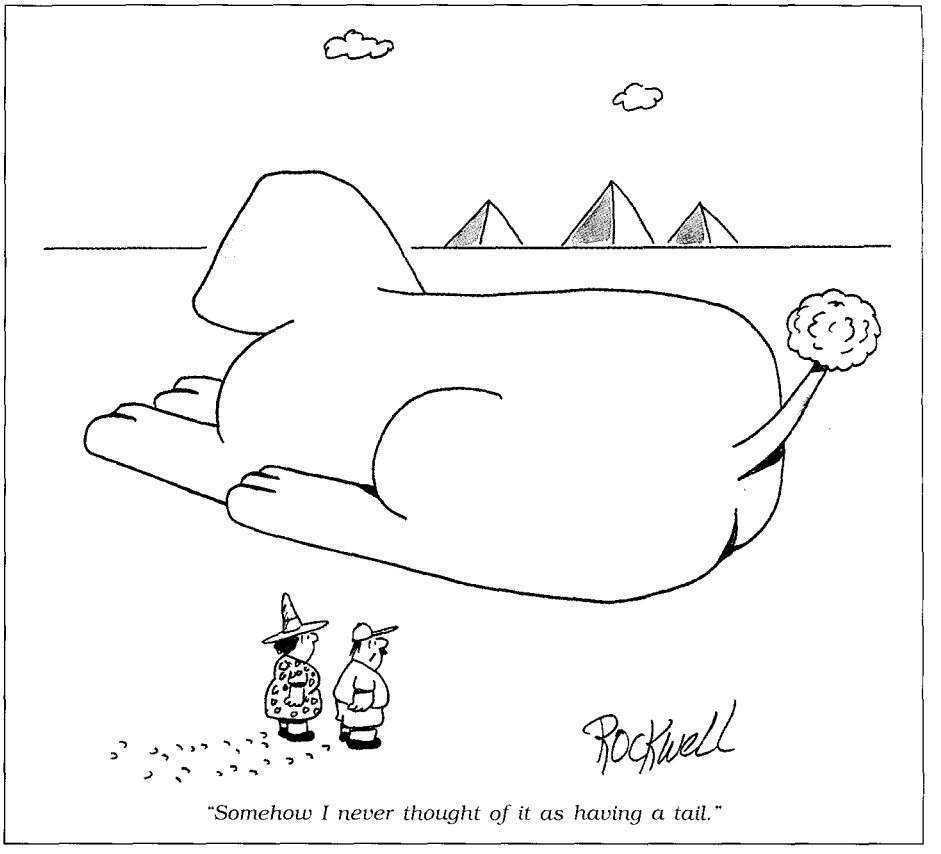
—Pat D'Amico

Please Be Seated

Though plump,
My gluteus maximus
Is, all in all,
Quite dandy.

As I bump
Along the bike path,
Its padding
Comes in handy.

—Diane Dassow



"Somehow I never thought of it as having a tail."

You're Not a Kid Anymore When. . .

. . . you wait a little longer before turning off commercials for pain relievers and hemorrhoid medicine.

. . . golf attire begins to look pretty good to you.

. . . the toys you played with as a kid are now being sold by antique dealers.

. . . the music an 18-year-old listens to sounds like noise—unlike what *we* listened to.

. . . those hair replacement commercials aren't so funny anymore.

. . . you're more concerned about fat and fiber than taste.

. . . the only jeans that feel comfortable to you carry the label "relaxed fit."

—Hugh J. Markey IV

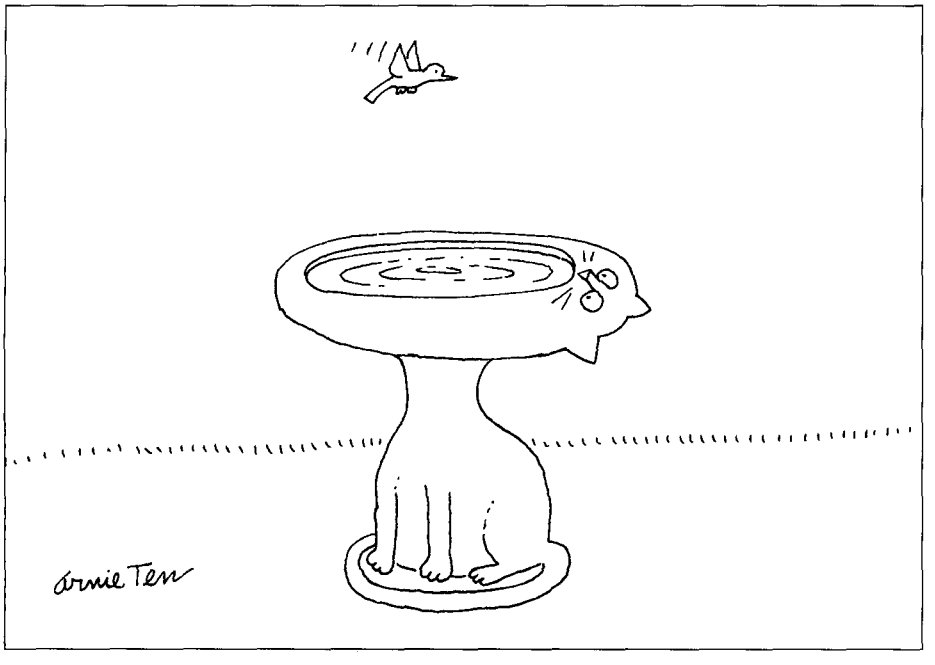
Hip to Be Square

My daughter-in-law was facetiously giving my wife a hard time about not being interested in learning to use the high-tech conveniences at home.

"Mom, you have to learn how to use the microwave, the VCR, and the computer before you are a woman of the '90s."

"She is a woman of the '90s," I said. "The 1890s."

—Thomas S. Nardo



Hairy Dilemma

Vacation doubt
Most often reared
By men: To beard
Or not to beard?

—Lois Muehl

Simply "The Most"

I've finally learned to cope with life;
It's sweet as morning clover.
But now that I've made the most of it,
The most of it is over.

—Kathryn McGaughey

Spare Me the Big Finale

The vac exploded.
The fuses blew.
Appliances rattled
And gasped, "I'm through."

And I wonder nervously
What's next,
In a house so full
Of special effects.

—E. B. de Vito

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HATS ON FOR HEALTH: A SKIN-CANCER WARNING FROM DOWN UNDER

An Australian mother in California is campaigning to protect her children and others from the ravages of the sun.

by Sarah Henry

When Wendy Lennon moved from Bendigo, Australia, to the Northern California city of San Jose 2½ years ago, she never imagined she'd become embroiled in controversy. But in January of 1995, after challenging the local school district's "no hats" policy, Lennon, a vivacious, 40-year-old mother of three, inadvertently found herself at the center of a debate that pits her skin-cancer-prevention stand against a school district policy based on safety, not health concerns. Hats are banned in San Jose schools because teachers and administrators say they cause discipline problems and that some schoolchildren wear caps to signal gang affiliation.

This cross-cultural conundrum surfaced soon after the Lennons arrived in the United States in 1993. The family had ventured there because Wendy's husband, Glen, is American. At Wendy's urging, they rented their home in Victoria and relocated to California so that their children—Tai, 15; Tobias (Toby), 12; and Jacqueline, 7—would have an opportunity to learn more about their father's roots.

"We came in September for the beginning of the school year," explains Lennon from the family's two-story home in a leafy, well-to-do, suburban enclave of the sun-drenched Silicon Valley.

"We packed the kids' lunches for them—with their hats—and sent them off to school," says Lennon, describing a routine familiar to Australian parents. That's when the hat battle began. "The kids were told to take their hats off and never to bring them again, basically," she says. "That's how we found out that there was this 'no hats' policy."

Lennon thought it was just an oversight. Like most Australian parents, she is well versed in the precautionary

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measures necessary to protect her children from the sun; wearing a hat to and from school and on the playground was simply a matter of form. It was not, she discovered, in the San Jose Unified School District. After talking with her younger children's principal at Graystone Elementary School, she learned why the district bans hats.

In Lennon's mind, the prohibition is absurd. "How much impact is taking a hat away going to have on these gangs?" she asks. "Aren't they going to have a bracelet or a bandanna or another signal? I have to say I have become more sympathetic to the reasons behind their banning hats. . . . But truly, is that gang element so all-pervasive that you have to risk your child's not being educated in preventative health? There doesn't seem to be a great deal of logic or common sense here."

Lennon says there's an easy way to keep gang members from co-opting a school cap. "I've suggested that they get a school hat. I still can't see how a gang member would run around with a school hat with Graystone Elementary written on it." She rolls her eyes at the thought. "I'm not asking for it to be mandatory. I'm just saying people should be given the option."

PHOTO BY ANNE HAMERSKY

Anxious for her youngsters to assimilate, Lennon initially dropped the issue. It wasn't until an extended visit home at Christmas, when Lennon's youngest children returned briefly to their old, hat-wearing school, that Lennon decided she should pursue the matter. While in Australia, Lennon says she was encouraged to try to change the policy after discussing it with the Australian headmaster, who was about to recommend that hats become compulsory there.

She was struck by the comparison. "It's mainstream at home," she says. "There are the little ditties like: 'No hats, no play, protect yourself from the UV ray.' Little kids understand the concept of UV rays. It's education—inexpensive education, too—little ditties and a hat and some sunscreen."

Upon returning to California early this year, Lennon set out to gather statistics on skin cancer in the United States. She learned that malignant melanoma—the most serious of skin cancers—is the fastest-growing cancer in the country. One in five Americans will develop skin cancer during their lifetime; there are 834,000 new skin-cancer cases each year and more than one death an hour from skin cancer. Armed with these facts, and well aware that children are particularly at risk, Lennon thought that by simply making her case to local school officials, they would come around to her way of thinking.

She was wrong. A school district committee charged with making recommendations for revisions to the district's handbook voted unanimously against Lennon's proposal, despite letters of support for her position from the American Cancer Society, the Skin Cancer Foundation, and prominent dermatologists.

"I actually got a letter of support from the [school district's] health and family services person before this became a political hot potato," says Lennon with glee. "She has since retired from that position. I phoned [her replacement] and she doesn't want to get involved at all."

Lennon is disappointed and frustrated by what she believes is a byzantine school bureaucracy reluctant

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MUNCHAUSEN BY PROXY— THE DEADLY GAME

The national spotlight is focused on the little-known Munchausen by proxy syndrome, where the protective role of motherhood conceals a bizarre portrait of child abuse.

by Herbert A. Schreier, M.D., and Judith A. Libow, Ph.D.

Illustrated by Don Trawin

After 22 months of unsuccessful diagnostic procedures in a hospital setting in England to determine the cause of a baby's breathing problem, staff concealed a video camera in the baby's hospital room, and a policewoman and a nurse jointly monitored the scene. The following events occurred:

Sixteen hours after the onset of video monitoring, the child was asleep in his cubicle with only his mother in attendance. She moved the chair away from the cot and lowered the cot sides. She then placed a soft garment (a T-shirt) on the bedding close to the child's face. Five minutes later she placed the garment over his nose and mouth and forced his head onto the mattress. He awoke immediately and struggled violently. After ten seconds the policewoman alerted the nurses who went into the cubicle. . . . In this first episode the woman police officer had intervened prematurely [by legal standards] because of her own distress at what she had seen. She decided to continue surveillance. Twenty minutes later, when the child was asleep on his side and the mother was again alone in the cubicle, she placed him in a supine position with his face upright and tucked his arms under the bedding. Ten minutes later she again applied the garment to his nose and mouth and forced his head onto the mattress. The child struggled violently. Forty-two seconds later the nursing staff were alerted by the police and went into the cubicle. . . . The mother claimed that he had woken screaming and that she was comforting him.

What Is Munchausen by Proxy Syndrome?

This case is a classic example of Munchausen by proxy syndrome (MBPS). These patients, usually mothers, systematically fabricate information about their children's health or intentionally make their children gravely ill. The children usually require extensive medical attention, often entailing serious and dangerous invasive medical procedures, surgeries, intravenous medicines, or multiple x-rays. Well versed in medical conditions, MBPS parents will seemingly stop at nothing to gain access to doctors and the inner circle of care in hospitals. Often they seek more general recognition of, or public adulation for, their devoted caretaking of a sick child. Sometimes the MBPS parent's interventions or the medical responses prompted by her fabrications result in the death of the child. We know, based on parents' own admissions as well as observations of some of these incidents taped by hidden cameras, that the mother's behavior is calculated and is performed calmly and carefully. These mothers are generally not psychotic and not in a dissociative state when they harm

A mother induces a seizure by suffocating her baby, then calls hospital staff. Dr. Roy Meadow reported on a U.K. study of 76 children affected by MBPS in which by far the most common false symptom was 'seizures'; for 32 of the children, the primary diagnosis was epilepsy until the parents' deception was uncovered. Mothers have been detected creating seizures by asphyxiation and by injecting insulin.

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their children. When confronted by physicians who suspect they are inducing illness, or even when confronted by documented proof of their abuse, MBPS mothers tend to deny vigorously and persistently their role in harming the child. Some mothers even deny abuse years after conviction in court, and others only gradually come to acknowledge their role over the course of many years.

The name Munchausen by proxy syndrome was coined from the adult "Munchausen syndrome" because it seemed to mimic the adult disorder of illness fabrication but involved the use of a child as a type of proxy, or substitute, for the adult's own body. Unfortunately, the similarity in names of the two disorders has engendered considerable confusion about the relationship between the adult factitious disorder and the "by-proxy" syndrome. The name "Munchausen syndrome by proxy," still widely in use, makes the unwarranted assumption that the proxy syndrome is simply a variant of the adult disorder. We have chosen to use the term "Munchausen by proxy syndrome" to clearly distinguish it as a separate entity from Munchausen syndrome. While some patients share symptoms of both disorders, in fact there seem to be distinct differences in behavior for the two syndromes. What they share most clearly is the "Munchausen" name.

Origins of the Syndrome Name

The 18th-century baron Hieronymus Karl Friedrich Freiherr von Munchausen was a military mercenary known for his skills as a raconteur who told fantastical stories of his exploits. The term "Munchausen syndrome" was first used by Dr. Richard Asher in 1951 to describe self-induced or fabricated illness by an adult in order to gain medical attention.

The first clinical description of "Munchausen by proxy" behavior as we know it today was published in 1977 by the British pediatrician Roy Meadow. He described several cases of children who were repeatedly and unnecessarily examined, hospitalized, tested, and treated for a variety of medical problems ultimately found to be fabricated by their mothers.

Since 1977, approximately 200 professional papers have been published describing several hundred of the more unusual and life-threatening manifestations of this syndrome, running the gamut from the fabrication of fevers and seizures to the poisoning and asphyxiation of children. And it is clear that for every published case, there are many more that are dealt with less publicly in doctors' offices, hospitals, and courtrooms around the world. This phenomenon is strikingly more common in mothers than fathers, though fathers often play a role of passive collusion in this form of abuse of their children.

The range of MBPS cases that have been described in the pediatric literature is quite remarkable. The youngest case of a MBPS mother that we know of involved a teenager who had her first child when she was 13 and a second baby by age 16. Each was seen repeatedly for "apnea," though no episode was ever witnessed by anybody but the mother. Both died of unexplained respiratory arrests between the ages of 3 months and 20 months.

The Public Presentation Versus the Private Reality

Almost everyone who initially comes into contact with MBPS experiences some resistance to believing that mothers could intentionally harm their children in this horrifying way. The disbelief is in part engendered by the very dramatic discrepancies between the public presentations and private realities of these families.

While MBPS mothers appear very caring in front of others, they may show little interest when alone with their children. Covert videotaping has demonstrated that long periods can pass in which the mother scarcely communicates with her infant.

Adding to the disbelief are the extraordinary lengths to which some parents will go in order to establish a medical problem in their children. One mother gathered names of patients from the Cystic Fibrosis Foundation under false pretenses and then called patients by phone in order to collect sputum for "research." She tried to use one of these samples to convince doctors that her child was ill with this serious disease. These vignettes seem too bizarre to believe, yet the existence of countless cases like these eventually help us to see this as an integral part of this disorder.

While this disorder can manifest itself in hundreds of different medical symptoms, modes of abuse, and victim and parent characteristics, the critical dynamic for comprehending this clinical picture is the mother's intense need to be in a relationship with doctors and/or hospitals. The child is used to gain and maintain this contact.

The Medical Presentation

The illnesses that have been presented in MBPS cover a remarkable range of organ systems and physical

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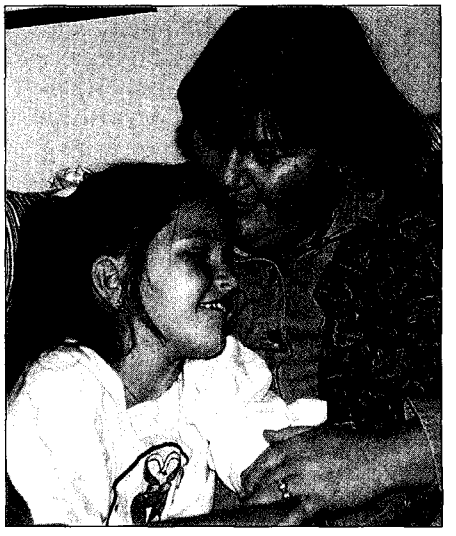
JENNIFER'S STORY

Before being removed from her mother's care and placed in protective custody, Jennifer Bush received nourishment from surgically implanted feeding and medication tubes. Her mother is accused of poisoning her daughter with prescription medicines, injecting feces into the young girl's feeding tubes, and fabricating medical histories—all classic symptoms of Munchausen by proxy syndrome. In protective custody and apart from her mother's care, Jennifer now enjoys eating anything she likes. Doctors assert that Jennifer does not suffer from a digestive disorder, and all of her invasive feeding tubes were removed.



Kathy Bush with her alleged victim. It is difficult for doctors and nurses to imagine that a mother could harm her own child. Most women guilty of Munchausen by proxy appear to be loving, devoted, concerned, and especially protective mothers. All too frequently the medical professionals are slow to suspect child abuse. Unfortunately, infants and children become pawns in the MBPS mothers' desperate attempts to gain attention and sympathy. By best estimates, 10 percent of the affected children of an MBPS mother die.

First Lady Hillary Rodham Clinton didn't know little Jennifer Bush's health problems, involving 40 surgeries and over 200 hospitalizations, were fabricated and that the accumulated $3 million for her medical expenses had defrauded the healthcare system. Jennifer was made a poster girl and given an audience at the White House. Her case was used to prove the need for larger health insurance coverage. But in May of this year, Florida state authorities arrested Jennifer's mother, Kathy, charging her with inventing and inducing Jennifer's string of ailments. The shocking case is focusing attention on a bizarre form of child abuse—Munchausen by proxy syndrome.

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complaints, including abdominal pain, apnea, bleeding, diabetes, diarrhea, eczema, fevers, infections, lethargy, rashes, renal failure, seizures, shock, tachycardia, vomiting, and weight loss. And the list is expanding all the time, as new cases are seen and described in medical journals. Unfortunately, since these "illnesses" are nonexistent or induced by other substances or manipulations, they generally fail to respond to the physician's usual treatments, or they show an unusual and unexpected course of recurrence or intensification. The medical picture tends to get progressively more complicated by the addition of new medications and invasive interventions as the physicians search for ever-more powerful treatments for these persistent "illnesses."

Sometimes a pattern of unexpected symptoms in an illness can give clues that something is amiss in a puzzling medical picture. For example, frequent bouts of apparent apnea prior to a sudden infant death syndrome (SIDS) death occur less than 10 percent of the time in true SIDS, but up to 90 percent of the time in active suffocation. In our experience, a dramatic example of a MBPS symptom that raised suspicion because it did not fit the usual pattern of a known disorder was physiologically impossible amounts of outflow from a mild stomach condition being monitored by a gastric drainage tube. In that case a mother was surreptitiously adding fluids to the collection bag. Another symptom sometimes seen in these cases is enteric pathogens causing a sepsis (blood infection), unusual without bowel disease. This symptom is usually caused by contamination of an IV line, which can be done in a variety of ways by an enterprising parent determined to convince the caregiver that her child is ill.

Unfortunately, a hallmark of MBPS cases is that, for a variety of complex reasons, suspicion by the physician usually takes a long time to develop.

Few Visits from Husbands

A number of typical behaviors are often associated with MBPS cases. While these behaviors do not by themselves define the syndrome, they help alert us to the possibility of the diagnosis and also give important clues in our attempts at understanding the dynamics of the phenomenon.

By almost all accounts, these mothers appear totally devoted to their child. They appear intensely interested in their child's medical problems, persistently pursue tests and procedures, are actively involved in caring for the child, and usually are reluctant to leave the child or the hospital for any reason. They often develop first-name relationships with nurses, physicians, and ward staff. Yet a closer examination often reveals that these mothers are not devoting themselves solely to their child during the hospital stay. They can often be found far from their children having coffee with, or offering solace and emotional caretaking to, other mothers. Mothers with the syndrome appear to enjoy belonging to a social circle whose common bond is caring for sick children. Only rarely do they have outside visitors, including, most notably, their husbands. And they appear to have few friends outside of hospital personnel and other parents.

These mothers often are very knowledgeable about medical issues and questions, offering highly elaborated, technically proficient medical histories that reveal a medical sophistication beyond their general fund of knowledge. Indeed, many parents involved are connected to the field of medicine, working as nurses, orderlies, medical transcriptionists, and nurse's aides.

Their knowledge of medical matters would suggest an intellectually sophisticated and generally well-educated person. And yet paradoxically they often appear shallow in other interactions, have limited interpersonal skills outside of medical issues or general knowledge, and exhibit poor judgment.

Initially, at least, these mothers are very supportive of doctors and staff, despite the fact that their child's health is deteriorating under these professionals' care. Often aggressive about demanding new procedures and interventions for their child, they can get very angry when they do not get their way. We know of one mother who is believed to have convinced physicians to unnecessarily implant Broviac catheters (surgically placed intravenous tubing through which food and medicines are injected) or nasogastric feeding tubes in children who had no need for them. When thwarted, she searched for a doctor who would listen to her.

In our experience, when a mother's claims are disbelieved by her physician, this disbelief can lead to disastrous consequences for her infant, even to death. She may act rashly in a desperate attempt to convince the physician. We also suspect that she lashes out at the physician through her child, injuring the child as a way of taking revenge on the doctor for having doubted her.

When giving a family history to the doctor evaluating a child for hospital admission, the mother often volunteers elaborate medical histories consistent with "somatization disorder" or adult Munchausen syndrome. She also may

MBPS Warning Signs

Significant warning signs that should raise the question of Munchausen by proxy syndrome include:

- **Signs and symptoms occur only when the mother is present.**
- **Mother is less anxious than the medical staff regarding the inability to diagnose the cause of the child's illness.**
- **Mother refuses to leave the child alone.**
- **Another child in the family has also had unexplained illnesses.**
- **Mother is extremely willing to have the child undergo diagnostic procedures and treatments.**
- **Child has been to numerous caregivers without a cure or clear diagnosis.**
- **Mother gets into conflicts with other parents over whose child is "most ill."**
- **Experienced physicians state they have never seen a case like this before.**

Husbands or other relatives who suspect MBPS should request a psychiatrist to evaluate the mother. Researchers have been investigating the psychopathology of mothers with MBPS, noting that many have either borderline personality disorder (BPD) or histrionic personality disorder.

At the present time, videotaping is the most definitive way of proving MBPS. When mothers are confronted with videotaped evidence, they may claim that "this is the first time" they've ever engaged in this behavior. Videotaping may therefore represent only the beginning of the medical investigation that must follow. Checking on the real histories of the child and his or her siblings (with the help of other family members and caregivers) often reveals the actual story.

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relate fantastical personal histories about herself or other family members. Typical is a mother of a five-year-old who brought him to his pediatrician with symptoms of seizures, vomiting, nasal congestion, wheezing, croup, pneumonia, ear infections, and knee dislocation. She claimed that her father suffered from epilepsy, and that her older brother had been killed in an equestrian accident. She reported that he took Dilantin, even though he had not been known to have epilepsy.

When their child is in the throes of a serious crisis, these parents often behave dramatically and draw attention to themselves; alternately they may be calm. While in general these mothers do not seem unusual to doctors, staff, or neighbors, sometimes they claim that bizarre and unverified incidents have happened to their families when they are in the hospital, including reports of fires and burglaries. Sometimes anonymous phone calls that suggest that these mothers are hurting their children or having affairs with doctors, are received by the police or the hospital. It seems apparent that they themselves are making these phone calls. Their need to have the spotlight trained on them is seen in their use of the media and is sometimes manifested at their children's elaborate funerals, during which they often appear more concerned about relating to the hospital staff than mourning their dead child.

Drs. Schreier and Libow are widely recognized experts on MBPS. *Hurting for Love* is one of several recent books dealing with Munchausen by proxy syndrome.

Tragic Costs of MBPS

MBPS can take a dramatic toll on its victims: deaths of innocent children, long-term psychological morbidity, severe family dysfunction, and turmoil for physicians, attorneys, therapists, and protective services workers who become involved. These cases also take a serious toll in medical costs to society, given the repeated medical visits, costly laboratory tests, extended hospitalizations, surgical procedures, specialist consultations, and equipment costs that these induced and fabricated illnesses extract from our healthcare system. One case we consulted on cost a local hospital close to $1 million in unnecessary procedures involving multiple long admissions, surgeries, and so on. While many pediatricians are aware of individual Munchausen by proxy cases that went undiscovered for years and generated many hundreds of thousands of dollars in unnecessary costs, few have studied the cost factor in any systematic way.

In summary, MBPS is a disorder that can cause enormous physical and emotional suffering to the children involved, as well as result in deaths, abuse of our healthcare system, and turmoil for our physicians and other guardians of childrens' well-being. Even when these cases are detected and proven, they pose major difficulties in management for the staffs of hospitals and the courts. Though the physician is generally the one to raise suspicions, it is usually only after a long period of exasperating and exhausting medical detective work. Complex psychological and societal forces are at play in the very challenging task of unmasking each unique case, even before the issue of treatment is confronted. ■

Reprinted from Hurting for Love *by Schreier, H.A., & Libow, J.A. with permission from Guilford Press, New York.*

Other books on MBPS include: Patient or Pretender: Inside the Strange World of Factitious Disorders *by Marc D. Feldman, M.D., & Charles V. Ford, M.D. and* Non-Epileptic Seizures, *edited by DeMoss.*

Munchausen by Proxy Syndrome: A Clinical Fable for Our Times

"Despite the mothers' incredibly convincing 'performances' of good mothering, the infants hardly matter; they serve as mere instrumental objects to regulate and continue the primary relationship with the physician. In one of our cases, all of the people interviewed by investigators saw the abusing mother as 'the most caring parent imaginable.' Yet she was simultaneously feeding her child ipecac [medication used to induce vomiting in accidental poisonings] almost daily over a three-year period until his heart muscle was finally so damaged that it failed, and the toddler died.

"Evidence from surreptitious video cameras placed in hospital rooms to monitor parents suspected of repeatedly suffocating their infants support the hypothesis that the 'good mothering' is a charade. When these parents were unaware of being observed, they paid scant attention to their infants. Observers have noted that often a mother will appear totally calm or indifferent at just the moment her infant's life is in grave danger because of a condition she created. Often outwardly adulatory toward the baby's doctors while aggressively manipulating them, MBPS mothers may exhibit gleeful excitement when a clinical catastrophe they have created causes both pain in their infants and confusion in the doctors. . . .

"Society, too, plays a role in this disorder. We have great difficulties acknowledging that mothers are capable of consciously harming their children. Mothers who physically abuse and eventually kill their infants (Korbin 1989) told the researcher of trying to alert others to their dangerous behavior, while being ignored or reassured that they were good mothers.

"Even when mothers are known to have killed their children, they may be treated more leniently. Researchers [Samuels, et al.] in 1992 studied 12 mothers, one grandmother, and one father proven by video surveillance to be suffocating their children. Two of the mothers and the father had likely killed a child previously. All the women were given probation, but the man was jailed for life. . . .

"Management of MBPS cases is extremely difficult and the outcome often disappointing, even when we act in the most appropriate fashion and with the best of intentions. Courts and child protective agencies often fail to act decisively or are forced to return children prematurely to abusing parents who have not changed. MBPS patients are notoriously resistant to treatment, and psychotherapists are by no means immune to their manipulations."

Excerpts from a paper published by Drs. Schreier and Libow in the July/August 1994 issue of the Journal of the American Academy of Child and Adolescent Psychiatry

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FICTITIOUS EPILEPSY

When nobody else has seen the seizures. . .

One of the most common symptoms associated with MBPS is seizure activity. Unfortunately, outside of actually videotaping or catching the child in the throes of a seizure, there is little objective evidence to substantiate or refute a claim of epilepsy. Once falsely diagnosed as epileptic, the child could be placed on a lifetime regimen of anticonvulsive medications that have potentially serious side effects. Dr. Roy Meadow first coined the phrase "Munchausen syndrome by proxy" in 1977. In a 1984 issue of *The Lancet*, Dr. Meadow elaborated on fictitious, or fabricated, epilepsy.

When hospital monitors show a mother suffocating her infant to create a seizure, the "good mother" imposter is exposed.

"The diagnosis of epilepsy is notoriously imprecise, since the clinician does not usually see the seizures and has to rely on the account of the patient or relative. Therefore, it would be easy for a patient or relative to secure a diagnosis of epilepsy by inventing a story of recurrent seizures. This is far more common than most doctors believe and has unexpected dangers for the patients.

"In 1977 I reported the details of two families under the title 'Munchausen syndrome by proxy.' I described two children for whom the mothers had fabricated false symptoms and signs over a period of years, so causing their children innumerable harmful investigations and treatments. Since then a large number of similar cases have been reported throughout the world. By March 1984, I had details of 76 affected children in the U.K. The notifications came mainly from pediatricians, who kindly provided me with extensive information relating to families; in half the cases, I have been involved personally at the invitation of pediatric, legal, or social-service colleagues. An additional unexpected source of cases came as a result of parents hearing of my interest from newspaper or radio and then telephoning me, claiming that they or their spouse had behaved in this way. For the 76 children by far the most common false presenting symptom has been 'seizures'; and for 32 the primary diagnosis was epilepsy until the parents' deception was uncovered. . . .

"It is not surprising that false epilepsy is common, for it is easy to fabricate. There is no absolute pathological or electrophysiological test that can diagnose epilepsy—the clinician has to rely on the history. Lay people realize this and therefore can trick doctors easily. They can read descriptions of seizures and see them depicted on television and film. Checking the false history often reveals that the storytellers have been careless in describing a seizure occurring in a setting where there were other people who can subsequently deny the happening. The doctor managing someone with epilepsy should establish early on in the course of the illness that the seizure has been seen by an independent third party and record it in the notes. . . .

One child suffered severe brain damage during the period of investigation. . . .

"When a small baby has recurrent apnoeic attacks [temporary suspension of breathing] or when more than one cot death has been reported in one family, it is common sense to take great care to exclude the possibility that the parent is harming the child.

"Neurological causes of respiratory depression in an otherwise healthy infant, and genuine disorders requiring implantation of respiratory pacemakers, are exceedingly rare—rarer indeed than a parent harming her child. Some of these children, who suffered repeated partial asphyxia at the hand of their mothers, were set on a roller coaster of technological investigation in centers of excellence (always accompanied by their mothers) which lasted for many months. It could be regarded as a *folie à deux* between the mother and the hospital departments concerned, yet it was the child who suffered and who was in danger. One child suffered severe brain damage during the period of investigation. . . .

"The motives of the mothers inventing false epilepsy for their children often included a degree of either conscious or unconscious gain in terms of her family, friends, relationships with hospitals and medical services, or even material gain and benefits from social services.

"It is not only doctors dealing with young children who need to remember that some parents induce illness in their children: those dealing with adults also need to remember this."

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RELIGION

REAL MEN KEEP PROMISES

Promise Keepers is striking a chord with today's men, who are seeking to reclaim and strengthen their roles as husbands, fathers, and community leaders.

by Holly G. Miller

Call it a movement, an awakening, a revival, or a phenomenon. Whatever the handle, "We've got a tiger by the tail, and it's pulling us . . . we're not pulling it," says Randy Phillips, president of Promise Keepers, the burgeoning men's ministry based in Denver, Colorado.

Last year the "tiger" drew 727,000 men to 20 cavernous sports stadiums to sing, pray, and hear what *Newsweek* calls "the gospel of guyhood." It also nudged evangelical men—many of them affiliated with organizations other than Promise Keepers—to form mentoring groups in support of "brothers" bent on reclaiming leadership roles in the family, church, and community. Spin-offs of the massive movement include national magazines such as *New Man*, as well as books with macho titles: *Strong Men in Tough Times; Standing Tall; Strong Men, Weak Men;* and *Reclaiming Manhood.*

"America is fatherless," says Dr. Ken Canfield, founder and president of the National Center for Fathering at Shawnee Mission, Kansas. He cites Malachi 4:6 ("And He shall turn the heart of the fathers to the children and the heart of the children to their fathers. . .") as explanation for the current revival. "God is at the core of this awakening," he affirms. "He's doing the work."

Others agree with him. "We've got to turn back toward God," says Greg Darby, founder and president of the Christian Interactive Network, an international on-line ministry that is growing at a clip of 400 members a week and is accessible through the Internet and CompuServe. "As men, we've abandoned our responsibilities. For too long we've let Madison Avenue dictate what we do and who we are. Accountability is the key, and we

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start becoming accountable when we realize that, hey, we don't *have* to do this and we don't *have* to be that." What we *have* to do, Darby says, is "take back our homes and our lives."

Attempts to mobilize men are nothing new, but timing and technology have amplified the current male call. Promise Keepers, a relative newcomer to the ranks of parachurch organizations, is credited with igniting the phenomenon. The group was launched on March 20, 1990, when Bill McCartney, former head football coach at the University of Colorado, and his friend Dave Wardell were on a three-hour car ride to a Fellowship of Christian Athletes meeting at Pueblo. One of the men floated an idea: Wouldn't it be great to fill a football stadium with thousands of men coming together for Christian discipleship? Later, 72 colleagues began to pray and fast about the concept. Success came quickly, and the first standing-room-only rally occurred in 1993 when more than 50,000 men filed into Colorado University's Folsom Field.

"We didn't have a clue about the potential," says Phillips, a pastor. "In the beginning we only wanted to provide a platform for Colorado men to come together and make a commitment to the Lord and to each other."

Unprepared for the explosive response to their ministry, members of the volunteer staff scrambled to meet the challenge. They saw Promise Keepers as an instrument of God designed to help men sort out their identities, reestablish their values, and strengthen their relationships with family, church, and community. They recognized the direction that Promise Keepers should take, and also knew the direction it should avoid. "If we were to turn this movement into a monument and focus on *our* needs, *our* budget, *our* programs . . . then I believe we would repeat history, be another flash in the pan, and have no long-term effect," says Phillips.

When men open up, they feel a real freedom in facing life's challenges.

Instead, they positioned the ministry in a supportive role. Although a Promise Keepers conference pumps up participants with hype, humor, exhortation, and music, it sends them home with a somber charge: Get involved in your congregation, serve your church, and honor your pastor. The fallout is positive, and local churches emerge as beneficiaries, or "promise reapers," because of the influx of new and revitalized members.

"The Promise Keepers movement attracts younger men—baby boomers and baby busters—who are drawn to events and experiences," says Charles Shumate, minister for renewal at the international headquarters of the Church of God in Anderson, Indiana. "Local churches need to ride the coattails of that and embrace it." He cites as an example the Men of the Church of God, a 20-year-old national organization within his church that was "dying a slow death, and no one was willing to pull the plug." Influenced by Promise Keepers, the group reinvented itself, is now 12,000 strong, and is mobilizing men across the country for service to God. "We've officially taken on the name 'Churchmen,' but some of our individual groups call themselves Promise Keepers," says Shumate. "I don't have a problem with that. One church even formed circles of ten men each to discuss a chapter a week in the book *Seven Promises of A Promise Keeper.*"

If churches benefit from the Promise Keepers movement, so do women. Fears that the new Christian male will rob his wife of her identity and demote her to little-woman status are

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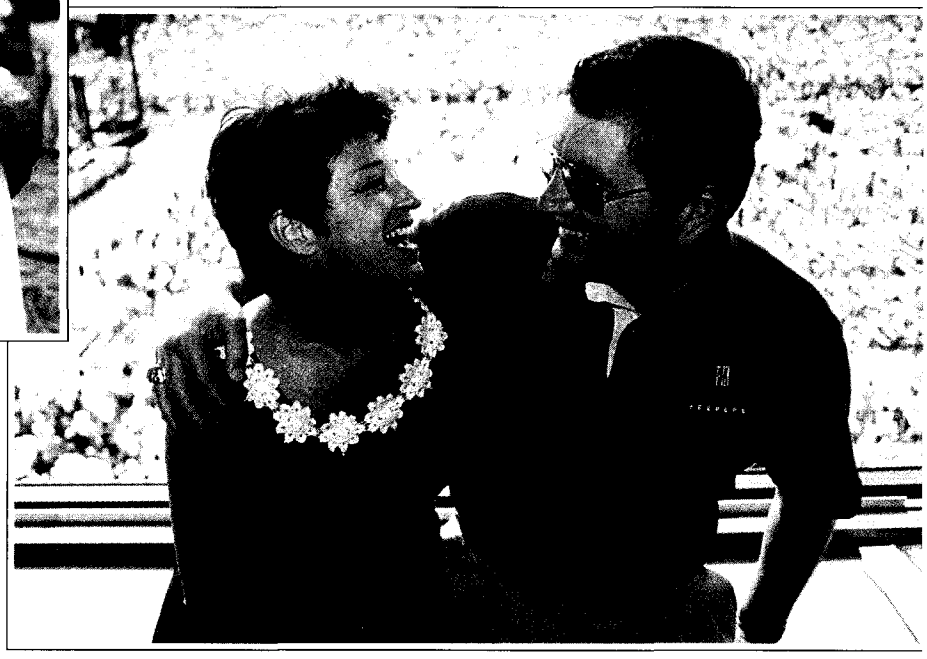

One of the century's fastest-growing evangelical movements, Promise Keepers drew over 700,000 men in 1995 from all walks of life to its enthusiastic rallies, filling some of the nation's largest sports arenas. A basic tenet of the "Seven Promises of a Promise Keeper" is a firm commitment to "building strong marriages and families through love, protection, and Biblical values." Former U of C football coach Bill McCartney (right) is one of the organization's founders.

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GRIME AND PUNISHMENT

Recalling those Saturday nights in the dark ages when cleanliness, rather than being next to godliness, was next to impossible.

by Maynard Good Stoddard

Illustrated by Don Trawin

Before we begin, I want to say something. I have no argument with the adage "cleanliness is next to godliness." I merely want to point out that in my early days (how early is none of your business), cleanliness was next to impossible. I'm pointing this out so that you of today with your big fat Jacuzzis, your pink heart-shaped bathtubs, your hot and cold running water, your $20 bar of Gucci soap will count your blessings. You never will have to experience the Saturday-night ritual of trying to shed the week's accumulation of grime in a galvanized washtub using a slab of homemade soap that for both quantity and quality made you long for the lather off a hot horse.

Now that I've said that, we can get down to the nitty-gritty (accent on gritty).

Yes, the bathtub had been invented before I was. I'm not *that* old, for pete's sake! But the truth is (which may sound strange, coming from me), the early bathtub had three strikes against it, right off the bat. The prudes infesting those dark ages claimed the appliance to be immoral. Doctors labeled it unsanitary. The common council in one city went so far as to vote on a proposition that would prohibit bathing altogether from November 1 to March 15. For still other reasons why a store-bought bathtub never graced the Stoddard kitchen, I take you now to my copy of the Sears, Roebuck and Co. catalogue dated 1908, page 653. (Maybe my dear wife is right—I'd better get rid of some of this junk before I trip over it and break a leg.)

We can rule out price right away, as your basic steel tub with enamel coating could have graced our kitchen for a reasonable $6.75. For families that wanted to show off, there was the $28 job—"a Roll Rim White Enamel Tub, complete with No. 4½ Fuller Combination Cock." (Don't ask, because I don't know.)

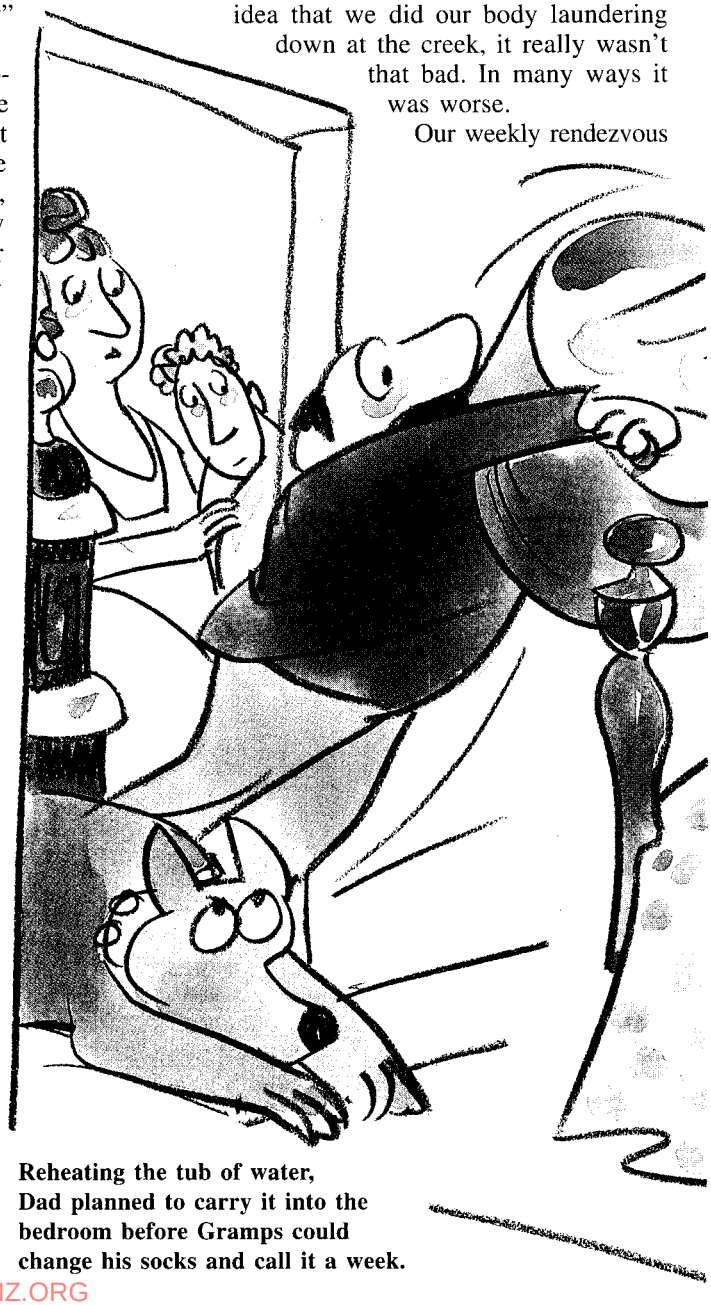
Moving right along, next came the combined shower and tub, "the shower rising majestically at one end, the tub extending out some four feet." The copy neglects to add that the tub could be distinguished from the Eskimo kayak by a cover that fit over the entrance hole. Nor was there a warning that in case of unexpected company the bathee ran the risk of sequestering himself in that thing until he wrinkled to death. Unless he chose to "rise up majestically" and take his chances.

Even less of a temptation would have been the tub that folded up against the wall during the week, to be lowered by ropes and pulleys for the bathing ceremonies on Saturday night. The problem here, as I may have already pointed out, is that the genes in our family didn't run to operating ropes and pulleys. The genes in our family ran more to storing stuff on any convenient elevated surface. By the time Saturday night rolled around, one look at the week's accumulation and forget it!

As for the "sofa-bath," forget that, too. A sofa throughout the week, on Saturday nights—presto chango—it converted into a bathing facility. Not at our house, buddy. I can see dear old Dad standing there with the "Sofa-Bath Manual" and saying to dear old Mom, "Can you make head or tail of this confounded thing?" The thought also might have crossed their respective minds—horror of horrors—of providing the visiting preacher and his wife a midweek baptism in the unholy water from the preceding Saturday night.

The point is . . . what *is* the point? I know it's around here somewhere. Oh, yes. Should you by now have got the idea that we did our body laundering down at the creek, it really wasn't that bad. In many ways it was worse.

Our weekly rendezvous



Reheating the tub of water, Dad planned to carry it into the bedroom before Gramps could change his socks and call it a week.

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with soap—as Mother chose to call it—and water began with a search for the battered old galvanized tub. Checking its rightful place, hanging from a spike on the back porch, would be a waste of time. Could it be just over the back fence, where it served to water the cows? No? Then how about under the maple tree, swimming with feathers from the chickens that had been scalded and plucked for Sunday dinner? Still no luck? Perhaps in the garden, loaded with cucumbers, waiting to be lugged up to the house. Or in the cellar, where a bunch of bullheads were still doing nicely a day out of Flint River. Or in the shed, where we were conducting a scientific experiment to see if horse hairs left in water turned into snakes.

Although the years were not kind to the tub, yet another experiment by my two older brothers was responsible for reducing the tub's capacity the most number of gallons. I didn't get in on the project, primarily because I doubted if a cat in a washtub suspended from four balloons could actually make it from the peak of our barn roof into outer space. Fortunately, the cat had the smarts to bail out before its number of lives lessened by one ninth. Although the tub suffered its worst beating, like the abused Model T Ford in *Tobacco Road*, "it didn't hurt the runnin' of it none."

Eventually located and relieved of its cucumbers, feathers, bullheads, horse hairs or contents du jour, the tub would be filled by the head of the household lowering a bucket into the cistern and pulling up—oh, sometimes as much as 90 percent water. The stuff having arrived at the cistern via gutter and down spout, the remaining 10 percent was made up mainly of leaves and twigs, always a belly-up spider or two, an occasional frog, not infrequently a clumsy chipmunk, and on one memorable Saturday, the bucket came up adorned with a three-foot green snake.

Following clarification of this brew, dear old Dad would ceremoniously bear the tub into the kitchen and hoist it atop the range, griddles already hotter than that place mentioned in the Bible. While the—let's call it water—heated, the table would be pushed back against the cupboard wall, and the floor covered up to three pages deep with the *Flint Daily Journal* and the *Davison Index*, with the *Breeder's Gazette* filling in spaces where linoleum still stared up at us. This strategy, designed to prevent a possible overflow from the tub running downhill into the dining room, would go downhill itself whenever the sire of our little group would misjudge the heat index of the handles when lifting the tub from the stove (too hot to handle, as it's known in baseball circles). We considered it lucky if the surf at high tide stopped short of the living room and the parental bedroom doors.

Anyway, back to the cistern. . . .

There being four of us kids to come clean, or reasonably so, the first one to be secluded in the kitchen with the enduring tub of water stood the best chance of doing so. My sister being a girl, as sisters often were in those days, she always led the parade. We three boys followed, oldest to youngest. You guessed it: I came at the tail end.

Boys of today enjoy their very own batch of water, warm and sudsy, with little rubber duckies for companions and little plastic boats to sail across the surface. Not only did the temperature of the stuff I inherited on those memorable Saturday nights fall somewhat short of lukewarm, but if I'd had a windup toy soldier, it could have walked across without so much as getting its feet wet.

Upon my emergence from the kitchen—in record-setting time, I needn't point out—the tub was carried to the peony bed and the muck dumped out—if it would come out. Whether the stuff ever made it to the roots is doubtful. But surely no flower bed was ever blessed with richer topsoil.

At the time, I thought that my dad's dad, who lived with us in his latter days, had the most sensible idea when it came to this weekly threat of soap and water. "A change of socks is as good as a bath, any old time," he would announce to one and all, but especially to Mother, who kept complaining to Dad that "your father turns far paler at the sight of bathwater than he ever does from its effects."

Only once, on a Sunday morning after Gramps had evidently turned his palest at the sight of bathwater, did dear old Dad rise to the occasion. Reheating the tub of water, he planned to carry it into the bedroom before the old gentleman could change his socks and call it a week. Dad might have made it, too, in spite of the increasing heat of the handles quickening his pace at every step, had he not tripped over Belle, our German shepherd, lying in her favorite spot beside the coal stove in the living room. The end result saw the head of the household go charging through the open bedroom door and slucing his father, hurrying to change his socks, across the bed and up against the wall. But "it didn't hurt the runnin' of him none."

By way of apology, Gramps was cleared for a change of socks on a regular schedule, without hassle. If the schedule also called for another bath, it was not posted on the refrigerator door. And yet the old fellow lived to the ripe—and I do mean ripe—age of 96. All things considered, who then can argue that his sock-changing theory was all wet?

Not I. ▲

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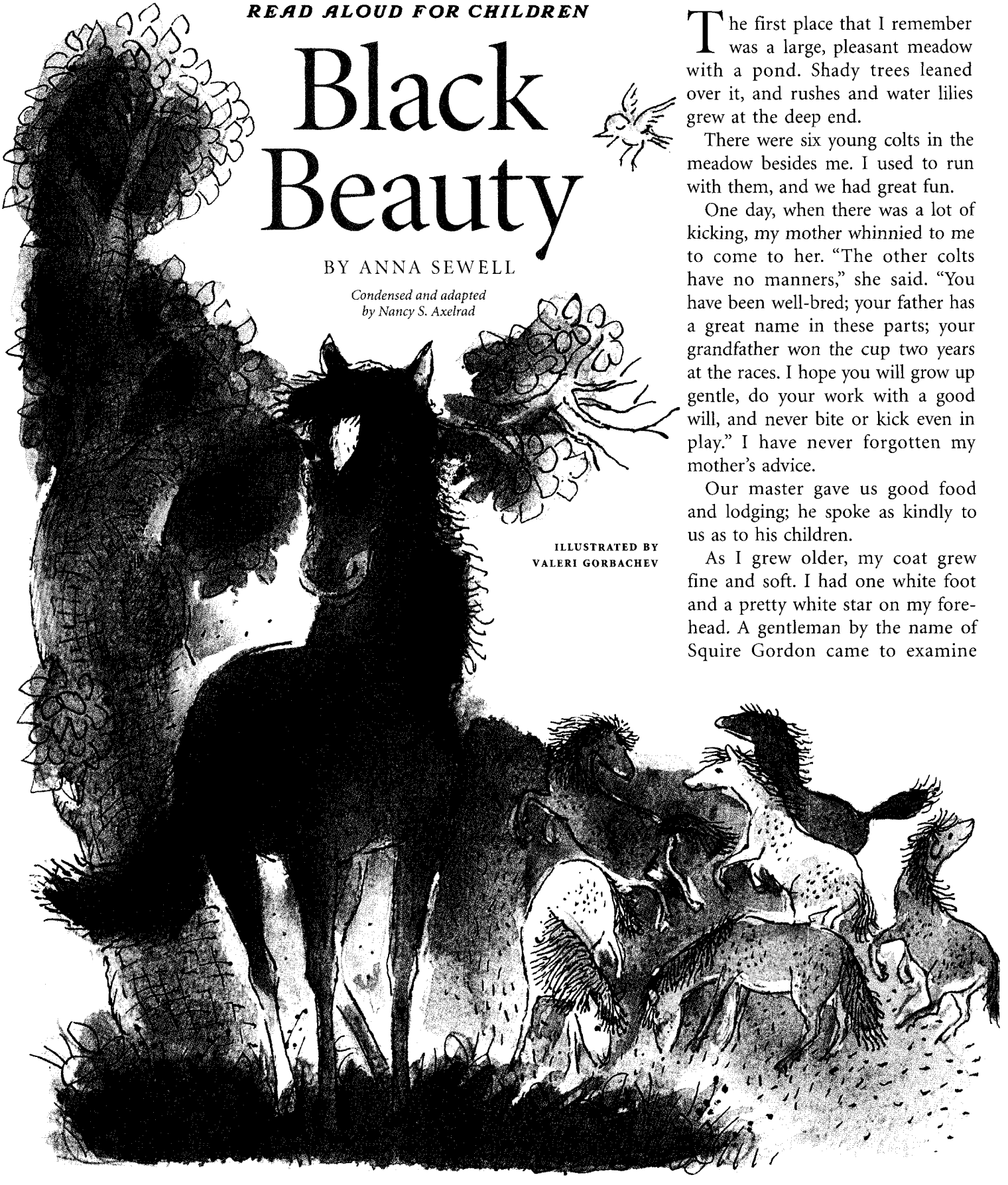
READ ALOUD FOR CHILDREN

Black Beauty

BY ANNA SEWELL

Condensed and adapted by Nancy S. Axelrad

ILLUSTRATED BY VALERI GORBACHEV



The first place that I remember was a large, pleasant meadow with a pond. Shady trees leaned over it, and rushes and water lilies grew at the deep end.

There were six young colts in the meadow besides me. I used to run with them, and we had great fun.

One day, when there was a lot of kicking, my mother whinnied to me to come to her. "The other colts have no manners," she said. "You have been well-bred; your father has a great name in these parts; your grandfather won the cup two years at the races. I hope you will grow up gentle, do your work with a good will, and never bite or kick even in play." I have never forgotten my mother's advice.

Our master gave us good food and lodging; he spoke as kindly to us as to his children.

As I grew older, my coat grew fine and soft. I had one white foot and a pretty white star on my forehead. A gentleman by the name of Squire Gordon came to examine

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me. I had to trot and gallop; he seemed to like me.

My master got the bit into my mouth and the bridle fixed. Next came the saddle and iron shoes. A nasty stiff strap went under my tail; that was the crupper. I hated to have my long tail doubled up and poked through that strap.

"Be a good horse and do your best," said my master. I could not say good-by, so I put my nose into his hand; he patted me kindly, and I left my first home.

My next stable was quite roomy; a swinging window opened into the yard opposite an apple orchard. John, who was the coachman, put me into the largest stall.

A chestnut mare looked across from another one; the ears were laid back, and the eyes looked ill-tempered. "So you have turned me out of my box," she said.

"I beg your pardon. I never had words yet with horse or mare, and it is my wish to live at peace." I said no more.

Ginger and I were not of the carriage horse breed. We had racing blood in us. We stood about 15½ hands high; we were just as good for riding as for driving.

Squire Gordon was a very good rider and thoughtful for his horse. "A more pleasant creature I never wish to mount," he told Mrs. Gordon. "What shall we call him?"

"He is really quite a beauty—what about calling him Black Beauty?" she said.

And so it was.

The stable boy was just as gentle. But he soon went to work for someone else, and Joe Green came to take his place.

One night, a few days afterward, I was lying in my straw fast asleep when John came in, calling out, "Wake up, Beauty. There is not a moment to lose." He got the saddle

on my back and the bridle on my head, and away we flew through the gate.

My grandfather could not have gone faster. All was still except the clatter of my feet as we drew up to a door. John rang the bell twice. A window was thrown up, and a gentleman in his nightcap put his head out. "What do you want?"

"Mrs. Gordon is very ill, sir; she needs a doctor. Master wants you to come at once."

The doctor shut the window and was soon at the door. "My horse has been out all day and is quite done in. Can I ride yours?"

"I was to give him a rest here," said John, "but master would not object, if you think fit, sir."

The doctor was not so good a rider as John; however, I did my very best.

When we reached master's door, the doctor went inside, and John led me to the stable. He did not put my warm cloth on me and gave me cold water to drink. I began to tremble. After a while I heard John at the door; he covered me up with warm cloths and ran to the house for hot water.

He nursed me until I was well; my master came often to see me. "My poor Beauty," he said, "you saved your mistress' life!" John told my master he never saw a horse go so fast.

The doctor was often at the house, and the master looked anxious. Then we heard that our mistress must go to a warm country. Master made the arrangements.

Before they left, he came to the stable to give his horses a last pat. He seemed low-spirited.

John put the saddle on Ginger and the leading rein on me, and rode us to yet another stable.

Reuben Smith was in charge of us when our coachman went to London. Everyone liked Smith; certainly the horses did. But he had one great fault, the love of drink.

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One day he was to drive a gentleman into town and ride back. I was chosen for the journey. Along the way a nail in my front shoe started to come loose. If Smith had been in his right senses, he would have known that something was wrong in my pace.

Instead he gave me a cut with his whip. Going over stony roads at a gallop, my shoe became looser and finally came off. My foot suffered dreadfully.

I stumbled and fell on both knees. Smith was flung by my fall. He made an effort to rise, then let out a heavy groan. I could have groaned, too, but horses are used to bearing their pain in silence.

It must have been midnight when I heard the sound of a cart and horse's feet. I neighed loudly, overjoyed to hear an answering neigh from Ginger and men's voices.

Two men walked slowly over the stones. "It is Reuben!" one of them finally said.

The other man followed and bent over the figure lying on the ground. "He's dead. Feel how cold his hands are."

Then they saw my cut knees. "The horse must have thrown him!"

I took a step but almost fell again. "Look—his hoof is cut to pieces."

Smith's body was put into the cart; Ginger knew as well as I what was going on.

I limped and hobbled as well as I could. When at last I was led into my stall, my knees were wrapped in wet cloths, and my foot was tied in a bran poultice to draw out the heat and cleanse it before the horse doctor came in the morning.

Proud flesh, as he called it, rose up in my knees and was burned out with caustic. When it healed, a blistering fluid was put on to bring off the hair.

A month or two later I was sold again, not once but three more times, only to become a cab horse.

I had never been used to London, and the noise, the hurry, the crowds of horses and carriages made me anxious; but my master, Jerry, was a good driver. He was as kind and good as John.

Once, while we stood waiting outside a park, a shabby old cab drove up. The horse was an old, worn-out chestnut with an ill-kept coat. There was a hopeless look in the dull eye. As I wondered where I had seen it before, she said, "Black Beauty, is that you?"

It was Ginger! How changed!

"You look well off, and I am glad of it, but I could not tell you what my life has been," she said.

I put my nose to hers, but could say nothing to comfort her.

Her driver came up and, with a tug at her mouth, backed her out of the line of waiting cabs and drove off.

By then I had seen a great deal of trouble among the horses in London. On the evening of the New Year, Jerry had to drive two gentlemen to a house in the West End.

The wind had been changeable, with squalls of rain during the day, but now it was cold and there was no shelter. Jerry pulled one of my cloths further over my neck; he began to beat his arms and cough. My own legs grew numb with cold.

Jerry could

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hardly speak, and his cough was dreadful when the men came out again.

The next morning I found out that he was ill. The doctor said that he must never go back to cab work again if he wished to be an old man.

This was heavy news for me, for I was not young. Too soon the day came for going to my next master.

I shall never forget Nicholas Skinner. He had black eyes and his mouth was as full of teeth as a bulldog's.

His cabs were run-down; his drivers were hard on their horses. My life was wretched until my feet slipped from under me, and I fell heavily to the ground on my side. The suddenness and force of it beat the breath out of my body. Someone came and loosened the throat strap of my bridle. Cold water was thrown over my head, and something was covered over me. I staggered to my feet and was gently led to a stable close by.

Skinner gave orders, unwillingly, that I should be well-fed and cared for. I later found myself at a sale of broken-down horses—some lame, some old. Most buyers and sellers looked as poor as the beasts they were bargaining about.

An old farmer slowly felt my legs, then looked at my mouth. "This horse has known better days," he said to the young boy standing beside him.

The man who brought me said, "This 'ere horse is just pulled down with overwork in the cabs. 'Twould be worth a gentleman's while to give a five-pound note for him and let him have a chance."

" 'Tis a speculation," said the old man, shaking his head but slowly drawing out his purse. "Quite a speculation!" He counted the money into the other man's hand.

The boy could hardly control his delight, and the farmer seemed to enjoy his pleasure. I had a good feed at the inn and was gently ridden home and turned into a large meadow.

The rest, the good food, the soft turf, and exercise improved my condition steadily.

One summer day, the groom cleaned and dressed me with extraordinary care. He trimmed my fetlocks and legs, passed the tarbrush over my hoofs, and parted my forelock.

"If the ladies take to him," I heard the farmer say, "they'll be suited, and he'll be suited."

I was put into a small carriage and driven to a pretty house. Three ladies came out. One tall, pale lady wrapped in a white shawl leaned on a younger lady with a merry face; she took to me very much.

I was placed in a comfortable stable. As my groom was cleaning my face, he said:

"Why, that is just like the star that Black Beauty had. Beauty! Do you know me? Little Joe Green?"

I could not say I remembered him, for he was now a fine, grown young man. I put my nose up to him; I never saw a man so pleased.

I heard him tell the younger lady about me, that he was sure I was Squire Gordon's Black Beauty. "I shall write to Mrs. Gordon," she said, "and tell her that her favorite horse has come to us. How pleased she will be!"

My ladies have promised that I shall never be sold; and here my story ends. My troubles are all over, and I am at home; and often before I am quite awake, I think that I am still in the orchard, standing with my old friends under the apple trees. ▲

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TRAINING SCHOOL FOR BOYS

Curtis Publishing developed a marketing scheme at the turn of the century that increased magazine sales and taught business skills to young boys.

by Earl Clark

Back in the "Roaring Twenties," the Curtis Publishing Company's *Saturday Evening Post* was incontestably America's foremost magazine, with the most popular authors and illustrators, the most advertising, and the biggest circulation. But it had something else that helped it achieve that multimillion circulation; since 1899, it had employed one of the shrewdest merchandising strategies in the history of magazine publishing.

Called the League of Curtis Salesmen, it had recruited, by the time the *Post* put an end to its operation in the 1940s, up to a quarter million boys, many of whom would go on to become successful retailers, chief executive officers, educators, administrators, or professionals. And most of them could credit much of their success to the training they received from this remarkable organization.

What the wizards of the Curtis company conceived was a masterful combination of appeals to a boy's sense of acquisitiveness and his desire for prestige. The former offered prizes calculated to appeal to every boy. As for prestige, what other youngsters were provided with their own printed letterhead, envelopes, and even business cards?

What more could a boy ask for in 1924 than a Louisville Slugger bat, a Spalding glove, or a Brownie camera? Thousands of *Post* sales boys across the country vied for these and other incentives, including college scholarships.

Entry into the League required no initiation fee or references. Periodically, the *Post* ran advertisements heralding the accomplishments of its youthful salesmen and inviting newcomers to join the ranks. It was in response to such an ad that this author found himself at May's Drug Store in the dusty little town of Charles City, Iowa, on a December Thursday in 1921, hesitantly accepting delivery of ten copies of *The Saturday Evening Post* to dispose of at a nickel per sale.

It did not take long for me to learn that there was a lot more to gain than the 1½ cents that I got to keep out of each nickel, and what happened to me from then on is a microcosm of how the League worked. For every five *Post*s I sold, it seemed, I would receive one green voucher, five of which could be redeemed for one brown voucher. These handsomely printed "Brownies" could be accumulated in sufficient amounts to bring me an Auto Wheel coaster wagon, a Hohner harmonica complete with trumpets, a Columbia bicycle (one speed in those days, of course), and innumerable other goodies displayed in the *Curtis Book of Prizes*.

The League also had a semi-evangelical quality that might strike today's worldly youths as ridiculously corny, but it was a perfect fit for the conventions of the Coolidge era and a business-oriented publication like the *Post*. Its philosophy reflected the tenets of Cyrus H. K. Curtis, a one-time newsboy who, in true Horatio Alger style, went on to found his publishing company in Philadelphia in 1891. The theory was that lads selling Curtis publications not only would earn commissions and prizes, but would also learn how to meet strangers, sell a product on its merits, and keep accurate business records—all the while progressing through the ranks, much like boy scouts going from tenderfoot to eagle.

The *Book of Prizes*, revised each spring and fall, displayed more than 200 alluring treasures for which the Brownies could be exchanged. Manufacturers' representatives beat a path to the Curtis door to get a piece of the action. The company became the largest purchaser of Louisville Slugger baseball bats, as well as Spalding baseballs and gloves.

The emphasis on brand names of top quality is evidenced by an incident related to me by Ford Robinson, a retired Curtis senior vice president who in the 1920s was the company's prize manager. His story involved George Horace Lorimer, who held the *Post*'s editorial reins from 1899 to 1937.

It seems that when the father of a Curtis salesman discovered that the headlight of the bicycle his son ordered from the *Prize Book* was powered by a Japanese-made bulb, he fired off an indignant letter, not to the prize manager but to George Lorimer himself. "I was called down to Lorimer's office to explain," Robinson told me, still quaking at the memory. "It was the only time I ever talked to the great man on official business, for George Horace Lorimer talked only to God. I felt lucky not to be fired! At any rate, our bicycle vendors became acutely aware that if this ever happened again, they would never sell

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Dressed for success, aspiring young junior salesmen posed in front of a Philadelphia news store in 1910. The picture made the pages of the Curtis Company's *Our Teams* magazine.

another bike to Curtis."

As I made my weekly calls at May's Drug Store, I began to learn more about this new League that I, along with some 30,000 other boys, had joined. If I continued to build up my magazine route, for example, I would be promoted from the entry-level "junior" rank to that of Senior Salesman. Another step up the ladder was the Expert Degree, and at the pinnacle was the accolade of Master Salesman, given to those who, among other things, sold 100 or more *Post*s per week. (The other considerations included proof of keeping up acceptable grades in school and putting aside some earnings into a savings account.) A Master Salesman, I further learned, was not only eligible for a loan of up to $5,000 from Curtis Publishing to finance a college education, but also would be guaranteed a job after graduation!

The company provided training for its young salesmen in the form of a little magazine called *Our Boys*, with a world of helpful tips on how to win Brownies and influence people. We learned, for example, never to approach a prospect with an apologetic "You don't wanna buy a *Saturday Evening Post* today, do ya?" Instead, *Our Boys* advised me to scan the *Post* as soon as it arrived. Then, as I went from door to door, I should introduce myself politely, greet the perspective buyer by name if I had observed it on the mailbox or learned it from a neighbor, quickly flip open the magazine, and begin.

"Good afternoon, Mr. Pendergast," I would say. "I think you'd be interested in this week's *Saturday Evening Post*. Now here's the first chapter of a new serial by Harry Leon Wilson titled 'Merton of the Movies' that tells a lot about what goes on in Hollywood, and it's real funny, too. And I see you have a beautiful dog, so you'll want to read Albert Payson Terhune's new story about Lad. And if you want to find out what's going on in Europe since the war, here's an article by Isaac F. Marcosson. . . ."

There was only one way to shut up such a gabby kid, and that was to fork over a nickel. Or, of course, slam the door in his face. A good share of the time, I got the nickel, and the chances were that when I went back the next week, I would not have to repeat the sales talk.

The Saturday Evening Post—with its diatribes against foreigners who wanted to immigrate here or borrow money from our government, its staunch support of Prohibition, and its stock of the nation's favorite fiction writers—was finely tuned to the middle-class values of the young 20th century. I found that once someone got hooked on reading the *Post*, they were apt to stay hooked. And so my list of regular customers mounted steadily week by week.

Within a year, the watch fob attached to my shiny new Ingersoll, for which I had exchanged a stack of Brownies, designated me the holder of the Expert Degree. And I had become sufficiently affluent that, after settling my accounts each Saturday afternoon, I could still squander 15 cents to see Tom Mix or William S. Hart in an "oater" at the local movie palace. And even indulge a like amount to dawdle over one of Mr. May's delectable ice-cream sodas.

All this prosperity came tumbling

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down around my ears one day when my father announced that we would be moving to Columbus, Ohio, where he would be taking on a new job. I was appalled. What about *my* job? Tearfully, I wrote to Ralph B. Miller in Philadelphia, official secretary of the League of Curtis Salesmen, whom I had come to regard as a sort of distant scoutmaster, telling him I would have to relinquish my cherished League membership. Typical of the personal touch that the huge publishing house maintained with its youthful salesmen, Miller wrote back that the League had faith in me, that he had watched with great interest my progress in Charles City, and in fact he was so positive I would establish a new following of satisfied customers in Columbus that he would hold my Expert Degree ranking for me.

Once our family had resettled in Ohio, my first order of business was to take myself down to Cherry's Confectionery on North High Street, where the Thursday afternoon turmoil of boys and bundles of magazines was reassuringly reminiscent of May's Drug Store. Sales climbed gratifyingly, and by the time a year had passed, I had built my route up to more than a 120 a week, which earned me the title of Master Salesman. This time my name was *engraved* on a new watch fob.

Among my new customers was a Mr. Jones, the owner of a haberdashery near the Ohio State University campus, who was captivated by my sales pitch when I first approached him. Too much so, I found when I returned the following week. "Sure, kid, I'll buy one," he said when I entered the store. "But first you gotta gimme the sales talk." This struck me as an unnecessary exercise, but there appeared to be no way out of it—unless, of course, I chose to stand upon my dignity and retreat without his nickel, which was obviously unthinkable.

Mr. Jones remained a steady customer, but the conditions for a sale were immutable—no pitch, no nickel. Worse yet, he insisted on expanding my audience. My weekly appearance was the signal for a suspension of business while he gathered around him whatever customers and salesmen were on hand. "Hey, I wantcha to hear how this kid sells the magazine," he would command them. "You guys think you're salesmen, you oughta hear this. Okay, kid, gimme the pitch."

By this time my face would be scarlet, and I would plead with him: "Look, mister, couldn't you just buy the magazine and—" "Nah, nah," he would say, "you know the rules, kid. No sales talk, no nickel. C'mon now, let's hear what's in the magazine this week." There was no getting out of it, so I would open the magazine for display to the grinning circle. "Well, there's a guy named Mussolini who has taken over the government in Italy, and this article by Richard Washburn Child tells all about him. Now here's a really comical new serial by P.G. Wodehouse that would cost you a couple bucks by the time it comes out in a book, but you get it from me for only a nickel a week. . . ."

***Our Boys* magazine was "published every month in the interests of the boy agents of *The Saturday Evening Post*, *The Ladies' Home Journal*, and *The Country Gentleman*."**

Eventually I accepted that this was an act I was paid to perform; I went along with it, partly because Mr. Jones not only bought his *Post*, but also insisted that each member of the audience pony up a nickel as the price of admission. I learned to parry their wisecracks with responses (courtesy of *Our Boys*) that pleased the impresario haberdasher even more.

Although the *Post* was the Curtis flagship, the company published two other magazines, the *Ladies' Home Journal* and *Country Gentleman*. Consequently, we carriers became known as "P-J-G boys," as well as Curtis Salesmen. The *Journal* sold for a dime, the *Gent* for a nickel.

Not being in quite such demand as the *Post*, the incentives for these publications were higher—one Greenie for each sale, compared with one for every five *Post*s. The commissions also were better—four cents on the *Journal*, two cents for each *Country Gentleman*. Except for a few transplanted farmers, I was never able to corral too many customers for the latter, but my monthly buyers of the ladies' magazine soon equaled the number on my *Post* route.

By the end of my fourth year as a Curtis salesman, I had been promoted to District Agent. This meant that the truck now dropped off the *Post*s at my home each Thursday, and I dealt them out to eight or ten boys who were under my tutelage as fledgling members of the League.

Becoming a District Agent required me to furnish character references and to post a $100 cash bond with the company to guarantee payment of bills. But it was worth it, for now I earned an additional penny on each copy that the boys sold, in addition to the proceeds from my own route sales, and the company paid the same rate of interest on the bond as the $100 would have earned in a savings account.

In another year or so, as I acquired my first pair of long pants and prepared to forsake my bike for a Model T, it was time to put away childish things. I turned in my last Brownies for a three-battery *Eveready* flashlight with red and green bulbs for signaling and bid a fond farewell to the League of Curtis Salesmen.

Within another decade, as it turned out, the League was wallowing in heavy waters as the effects of the Great Depression began to be felt. The college-loan program had to be abandoned, for the company had its hands full with uncollectable loans to jobless

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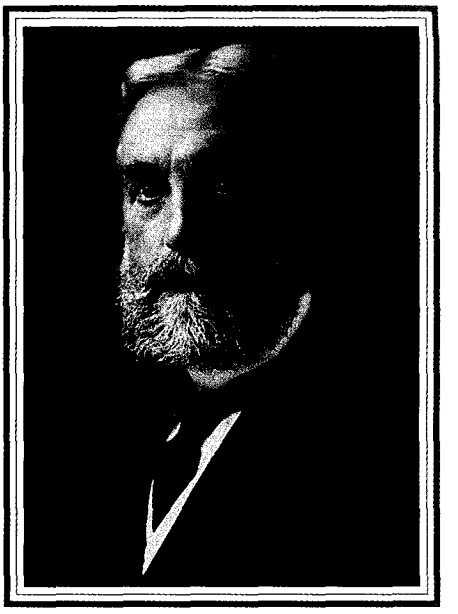
college graduates. As well, Franklin D. Roosevelt's New Deal child-labor laws forced changes in the company's elaborate controls and supervision of its boy salesmen to keep them from being regulated as employees. Then, with the onset of World War II, the cost of prizes soared, if they were obtainable at all: supervisory manpower became scarce and more expensive, and wartime paper shortages caused problems for all publishers and made it unpatriotic to push for more circulation. So the ax fell on the League.

By the 1960s, the *Post* itself was in deep trouble, both from its own internal problems and from the changing times that brought a new generation of readers with different tastes to be satisfied. After numerous editorial changes, the *Post* suspended publication in February 1969. Soon after, Curtis Publishing was sold to the SerVaas family, which retained the company name and revived the magazine in the summer of 1971.

But former Curtis executives who were there before the fall become almost reverential when they recall the halcyon days of *The Saturday Evening Post* and its League of Curtis Salesmen. "I look back with awe on the great organization of boys," one of them told me. "Time after time when traveling by plane or train on company business, I would find that my seatmate was another businessman who would credit the League of Curtis Salesmen with giving him his start. It was more than just circulation. It was a boys' training program."

How many of those quarter million boys went on to success no one knows. When the new *Post* started up again in 1971, it put out a call to former League salesmen, asking them to let the company know how they were doing. Among those whose names were listed in future issues were former Random House publisher and TV game-show panelist Bennett Cerf, TV personality Hugh Downs, department-store founder Stanley Marcus, and oilman J. Paul Getty. But I'll bet even money that no League alumni ever approached a prospect with the diffident plea: "You wouldn't wanna buy a Boeing 747, wouldja?"



Cyrus H. K. Curtis (1850-1933), a former newsboy, founded his publishing company in 1891. Curtis provided the guiding philosophy for the League of Curtis Salesmen. (Below) An advertisement in the July 1924 issue of *Our Boys* highlighted the many benefits of selling *The Saturday Evening Post*.

Ss-s-s-s! BOOM! Ah-h-h-h! Pick Your Prizes!

What's all the shootin' for? Why, we're celebrating the grand and glorious Fourth! July is here—the third month of the Prize Offer for more Post customers, and we know that you and thousands of other boys already have enough Prize Credits and Vouchers to claim some of the dandy Prizes. Ask your District Agent today which Prizes you can claim right away.

The Prize Offer is Extended Through August

Good news, isn't it? Regular one thousand Roman-candle power! TWO full months are ahead of you to add more Prize Credits to your score. So start increasing your Post sales over your Starting Score, then you can claim these Prizes with your Prize Credits and your Vouchers.

From left to right, the above Prizes are: Prize 836, Seneca Scout Camera, 30 Brownies; Prize 214, Black Leather Fielder's Glove, 17 Brownies; Prize 876, Aluminum Flashlight, 8 Brownies; Prize 850, 12 Beautiful Onyx Marbles, 4 Brownies; Prize 207, Unofficial American League Baseball, 14 Brownies; and Prize 1079, Ingersoll Watch for 25 Brownies. Which will be yours?

Set This Skyrocket Off!

Fill in and rush this coupon to "*Burt Vaughan, The Curtis Publishing Company, Independence Square, Philadelphia, Pa.*" He'll be glad to help you.

Dear Burt: Please send me your letters telling me how I can earn ..... in the Prize Offer for Extra Post Customers.

Name .....

Street Address .....

City ..... State .....

10 11

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The American Illustrators Hall Of Fame

THE ART OF THE ATHLETE

Hall of Fame illustrators through the decades have given Post *readers the thrill of athletic competition in its most exciting moments.*

by Maynard Good Stoddard

Athletes in action—striving to run faster, jump higher, throw farther than their opponents—bring to mind the lines of Longfellow:

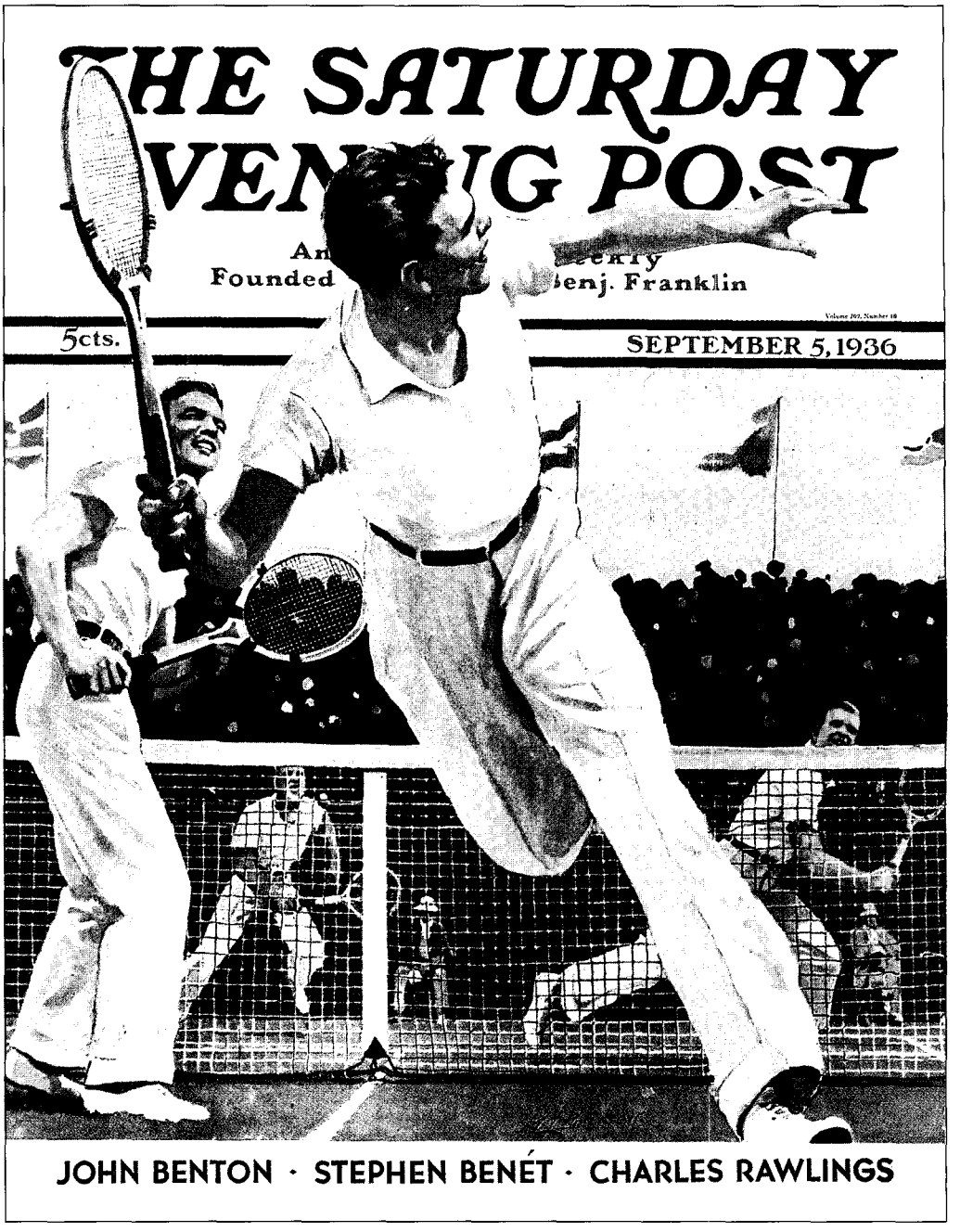
Lives of great men all
remind us
We can make our lives
sublime,
And, departing, leave behind us
Footprints on the sands
of time.

It is thought that as far back as 776 B.C., athletes have given their all to leave their imprint on the Olympic Games. This we know for sure; competitors from around the world are now converging on Atlanta, hoping to make their mark in the sands and on the cinders of the 1996 summer event.

To celebrate the games, the *Post* looks beyond these passing marks to the essence of the form in the brush strokes of yesterday: athletes caught in action by Hall of Fame illustrators whose works deserve an audience by today's *Post* readers.

Whether or not the athletic skills of these celebrated artists progressed no further than shooting marbles as kids, we think of the long years they must have trained to portray games at the very peak of excitement and catch the athlete at the moment of highest tension.

Sitting alone at the easel, quietly putting reflections on canvas, the artists have rendered the anticipated thrill of the sprinter breaking the tape and made us hear the roar of the crowd as the high hurdler sets a new record.



How could an artist at his easel portray from memory the action of all four players on the court? He had to be there, right? He had to sketch the ideal moment, legs in stride, rackets poised, the stands anticipating the climactic shot that would cinch the Davis Cup. However illustrator M.L. Bower managed it, the "net" result creates a captivating scene.

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THE SATURDAY EVENING POST

An Illustrated Weekly
Founded A° D° 17[illegible] . Franklin

AUGUST 8, 1936 5c. THE COPY

Volume 209, Number 6

The sprinter was not the only one on his toes for this 1936 cover. We refer, of course, to artist J.F. Kernan, who occupied his easel heralding the Eleventh Olympiad of precisely 60 years ago. We can feel the tension as our country's entry awaits the starter's gun; we can even visualize the gold medallion glittering upon his chest.

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"Row, row, row your boat/ Gently down the stream," goes the ditty. Under the skilled brush of Michael Dolas, however, we get the feeling that this is not the tune his straining oarsmen are humming. We would further speculate that they are saving their breath for that critical last-minute surge that will have them arriving first at the finish line.

Cover the artist's name (go ahead). The action alone tells you the hurdlers were painted by M.L. Bower. Not merely a sports fan, the artist was so devoted to his subjects that he could paint the precise moment of peak intensity, be it on the tennis court or the cinder track.

No strain, no pain. Here *Post* cover artist John LaGatta prefers a quieter scene: the game over, the trophies won, the players basking in their victory. Unlike the work of M.L. Bower, LaGatta leaves to our imagination the thrills and chills behind these envied emblems of victorious doubles on the court.

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"I shot an arrow into the air/It fell to earth. . . ." But not this arrow. From the look of confidence artist Alex Ross has painted on his model archer, the arrow is headed straight for the target. At any rate, this July 22, 1944, cover definitely *hit the bull's eye with Post* readers.

"Nothing but net!" cries the sportscaster, referring to a ball that sails through the hoop without touching the rim. Artist Ski Weld captured this theme on his *Post* cover of January 24, 1942. Whether the shot went through or not, Weld definitely netted a score with this shot of a basketball player in action.

THE SATURDAY EVENING POST
An Illustrated Weekly
APRIL 1, 1933
5cts. THE COPY
THOMAS McMORROW · GEORGE WESTON · MARK SULLIVAN

Alfred F. Cammarata left *Post* readers on the fence. Was the girl testing the flexibility of her blade, or just wiping the tip? Surely the artist wouldn't so much as hint—even on this April Fools' Day cover—of sword play so serious. More than likely this lovely young lady is only *preparing* to run her opponent through.

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POST BOOKSHELF

WHEN SAILORS CHEWED THE FAT

A seaworthy historian traces the origins of colorful maritime expressions that have dropped anchor in our everday speech.

by Maynard Good Stoddard

When A Loose Cannon Flogs A Dead Horse There's The Devil To Pay
by Olivia Isil
115 pages, International Marine, $9.95

If you belong to the landlubber group, always at sea when it comes to the meaning of maritime expressions, help is on the way.

You'll find at least 250 colorful explanations in Olivia Isil's *When A Loose Cannon Flogs A Dead Horse There's The Devil To Pay*.

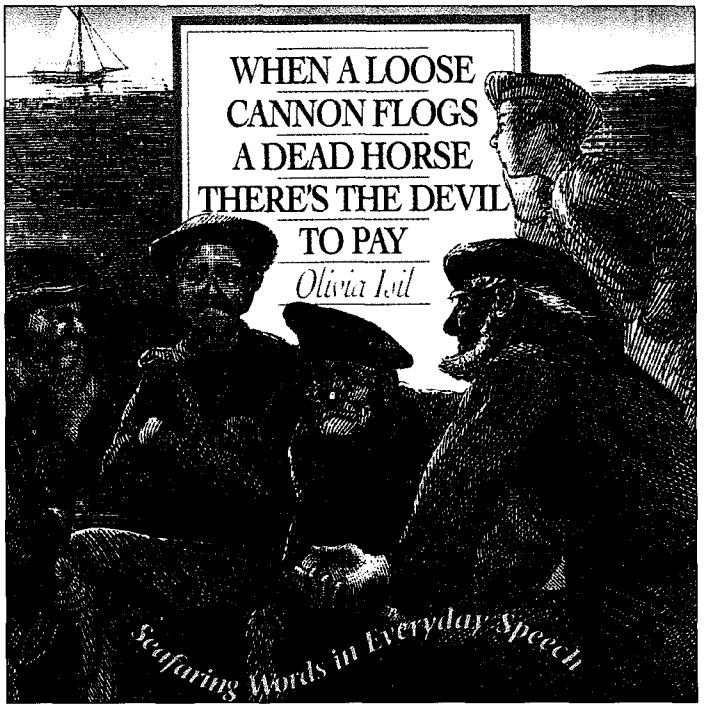
You will have no trouble recognizing the common English words and phrases of seagoing men today. But it has remained for author Isil to run them up the flagpole and salute them with her own salty elucidations.

Phrases such as "scraped from the bottom of the barrel," "they don't know the ropes," "keep a weather eye open," "barge in," or "bitter end," as well as such words as *bootleg, fairway,* or *hijack*.

Library research alone did not set the sails or raise the anchor on Isil's work. In her youth she played on the rotting deck of the *U.S. Niagara*, listening to old sailors' yarns. Today, she sails as a crew member aboard an authentic working replica of a late-1500s ship, the *Elizabeth II*, in North Carolina and serves as chief historic interpreter of the organization that runs the ship.

"My dad, a diver-dock worker during World War II, and my three sailor uncles . . . influenced my interest in the colorful language of the sea," Isil writes in the preface. "Much to my father's and uncles' delight, and my mother's extreme horror, I was the perfect mimic and repeated everything (and I do mean everything!) that came within earshot. At the age of six, I was packed off to the Sisters of Saint Joseph and the refined environment of a convent school—and probably just in the nick of time."

The author's memory has not failed her, nor has her fascination for the nautical sayings that are anchored in our contemporary English speech.



Quoting from the intro to her work, "With bearings set, and navigation charts in hand, [let us] embark on a short sail . . . through the sea of words that await. . . . Conditions may sometimes be foggy but, by and large, smooth sailing is in the offing."

Let's sail first into the question of why we sometimes carry a difficult struggle to its "bitter end." The answer is simple, once you understand that the anchor rope on old sailing vessels was attached to a stout oak post called a *bitt*. When the rope was played out, the end nearest the bitt was called the *bitter end*. Why, of course.

Our word *bootleg* comes from the practice of sailors smuggling goods ashore in the upper part of their seaboots. And all the time we had this crazy idea that the word originated from our game of football, wherein the quarterback fakes a handoff to a teammate but keeps the ball himself and runs with it. That's how much *we* know.

If you have ever "chewed the fat," credit the crews in the old days of "wooden ships and iron men" who talked and grumbled while chewing their daily ration of brine-toughened salt pork.

Author Isil has chased the word *fairway* all the way back to William Falconer's 1789 *Universal Dictionary of the Marine*: "The path or channel of a narrow river, bay, or haven in which ships usually advance in their way up or down." Today's golfers, of course, have altered the meaning to "the narrow channel of neatly mowed grass lying between trees, sand traps, and other objects of temptation for their capricious golf ball in flight."

As for the word *hijack*, perhaps you aren't old enough. But we'll risk it. The nautical version, Isil explains, stems from the fact that "Hi, Jack!" was a prostitute's come-on to a lonely sailor on shore leave. Distracted by the greeting, the unwary victim was knocked unconscious by the "lady's" confederates and sold to a ship in need of a crew. Also spelled *highjack*, the word has been reduced to mean nothing more than the illegal seizure of cargo or a vehicle.

Sailing right along, when the kids begin arguing over possession of the TV remote, we yell at them to "knock it off!" Why do we yell "knock it

continued on page 66

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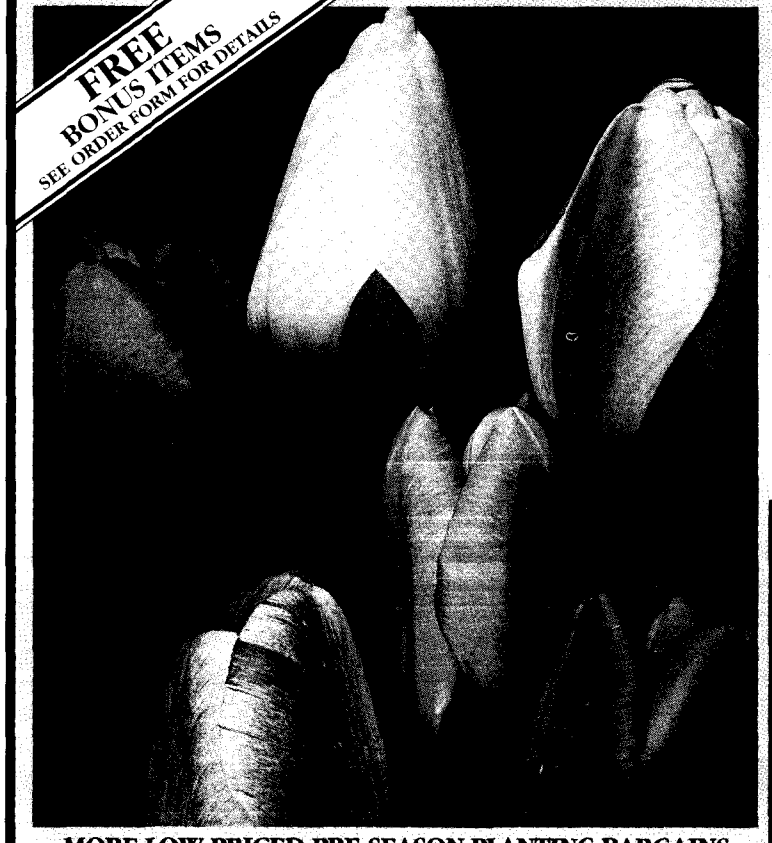

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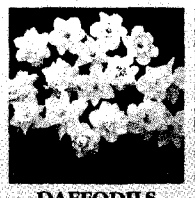

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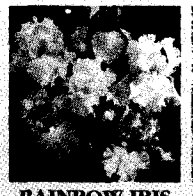

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When Sailors Chewed the Fat

continued from page 64

off"? Because galleys were once rowed to the rhythm of a mallet striking a wooden block. When the knocking stopped, it was a signal to stop rowing and rest. Or did you already know that?

Before *we* knock off, let's look at knock off's "cousin" expression—"pipe down." Author Isil traced its origin to a boatswain's pipe, or whistle, whose high-pitched sound was used to transmit commands throughout the ship. Each command was identified by its cadence. The cadence to "pipe down" was the last call at night, commanding all unnecessary noise and activity to stop. Makes sense.

One more thing. Chances are you have, in a careless moment, used the expression "son of a gun" without giving it a second thought. Well, think on this:

Isil says the British Navy in the early 19th century occasionally permitted wives of sailors to accompany their husbands to sea. Because working spaces had to be kept clear, the only place where a woman could give birth aboard ship was behind a canvas shelter jury-rigged between cannons on the gun deck. We'll leave it to you to figure out the expression.

As for *our* working space for this review, we've pretty well arrived at the bitter end. This means we'll have to knock off without a word about the book's sections on "Wind, Waves and Weather" and "Yarns of the Sea, Legends, Myths and Superstitions." We must therefore mind our p's and q's like a sailor already "three sheets to the wind."

As for explaining the title of Isil's work, we must leave it up to you to buy the book. Son of a gun.

Giving the "Green" Light

continued from page 30

Soak garlic in olive oil 30 minutes. Cut off stems of spinach. Wash leaves well several times, then dry. Place spinach leaves and mushrooms in large salad bowl.

Remove garlic from oil and discard garlic. In blender, combine olive oil, vinegar, soy sauce, cucumber, and pepper; blend until creamy. Pour over spinach and mushrooms and toss until coated. Sprinkle croutons on top and serve immediately.

Per Serving (1½ cups):
Calories: 129 Carbohydrate: 8.2 gm
Cholesterol: 0 mg Protein: 3.4 gm
Sodium: 282 mg Fat: 8.9 gm
Diabetic exchange: 1½ vegetable + 2 fat

Oriental Spinach Salad

(Makes 8 servings)

1 package (10 oz.) fresh spinach, washed and shredded
10 water chestnuts, sliced
3 green onions, sliced
1 cup sliced mushrooms
1 small cucumber, peeled and sliced thin
2 tablespoons olive oil
2 tablespoons reduced-sodium soy sauce
3 tablespoons lemon juice
1½ tablespoons honey
1 tablespoon sesame seeds, toasted

In salad bowl, combine spinach, water chestnuts, green onions, mushrooms, and cucumber slices.

Mix olive oil, soy sauce, lemon juice, and honey; pour over salad.

Sprinkle with sesame seeds.

Per Serving (1¼-1½ cups):
Calories: 77 Carbohydrate: 8.1 gm
Cholesterol: 0 mg Protein: 2.1 gm
Sodium: 180 mg Fat: 3.9 gm
Diabetic exchange: 1½ vegetable + 1 fat

Wilted Spinach Salad with Sesame Seeds

(Makes 4 servings)

6 cups fresh young spinach, cleaned and trimmed
¼ cup rice vinegar
2 tablespoons mirin (rice wine)
1 tablespoon reduced-sodium soy sauce
1 tablespoon sesame seeds, toasted

Make large bowl of ice water to chill spinach. Place steamer basket over large pot of boiling water. Steam spinach, covered, in 3 batches 2-2½ minutes, or just until wilted, tossing several times to cook evenly. Immediately plunge spinach into ice water to stop cooking process. Remove it, squeeze out excess liquid, and set aside on paper towels.

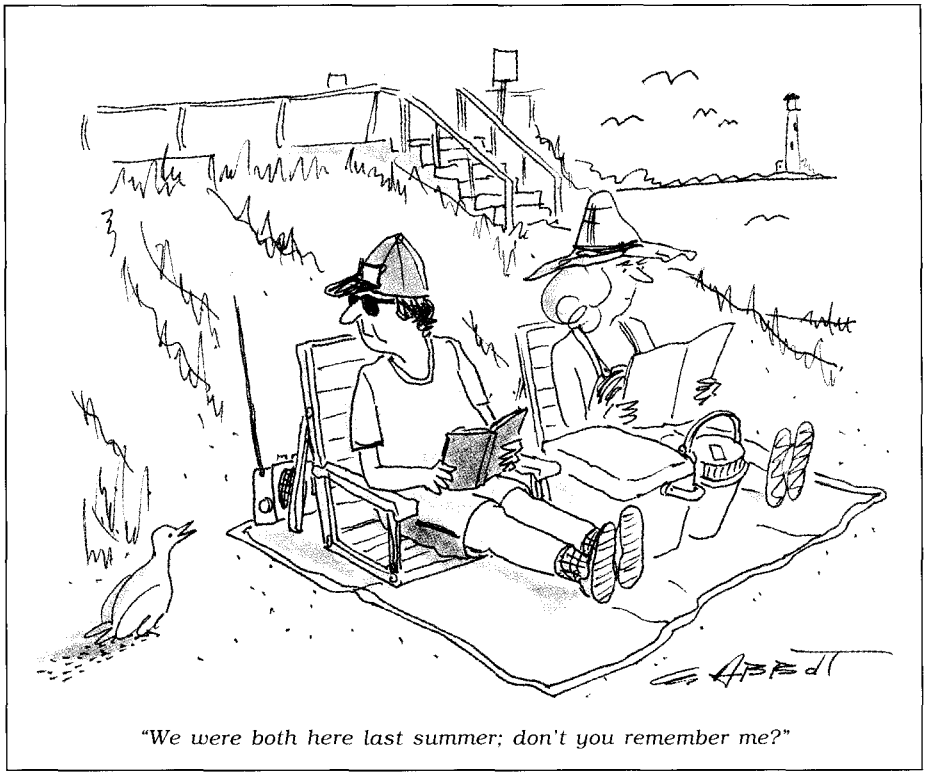
In small bowl, mix rice vinegar, mirin, and soy sauce. Combine spinach and dressing in serving bowl, toss gently and garnish with sesame seeds. Serve within 2 hours.

Per Serving (¾ cup):
Calories: 54 Carbohydrate: 4.0 gm
Cholesterol: 0 mg Protein: 3.2 gm
Sodium: 219 mg Fat: 1.4 gm
Diabetic exchange: 1 vegetable + ⅓ fat
(+ alcohol calories)

Bernice's Fresh Garlic Dressing

(Makes 32 servings)

6 cloves garlic, chopped
½ cup chopped onion
3 green onions, chopped
¼ cup chopped green pepper
½ cup sliced blue cheese
1¼ cup white vinegar
1 cup canola oil
⅓ cup olive oil
1 tablespoon parsley flakes



"We were both here last summer; don't you remember me?"

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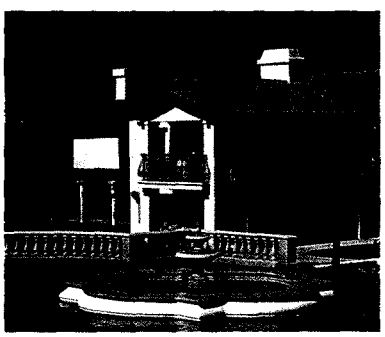

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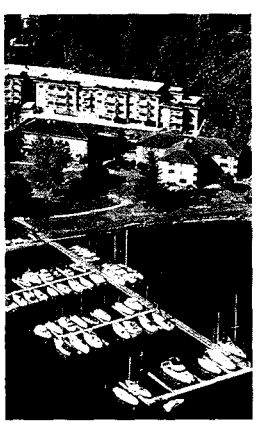

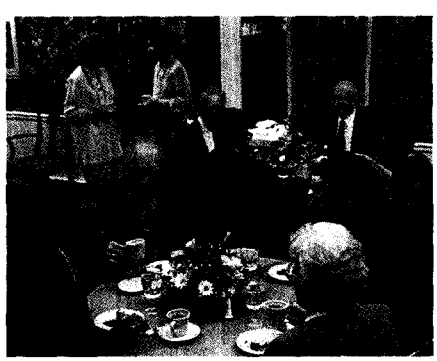

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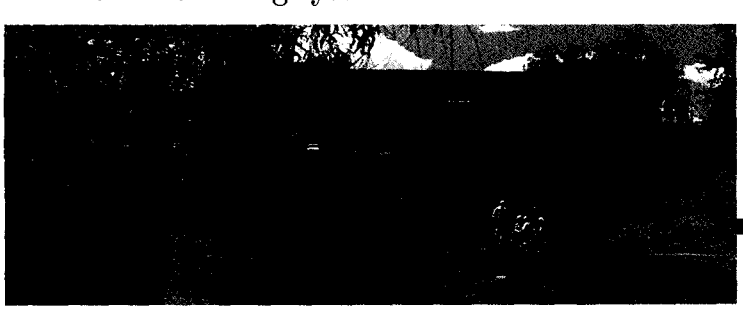

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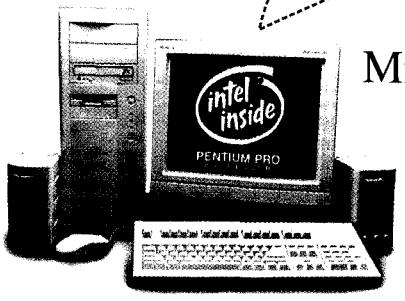

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Per Serving (2 tablespoons):
Calories: 97 Carbohydrate: 1.2 gm
Cholesterol: 2 mg Protein: 0.6 gm
Sodium: 30 mg Fat: 10.0 gm
Diabetic exchange: 2 fat

Mediterranean Vegetable Salad
(Makes 8 servings)

½ pound green beans, trimmed and halved
½ pound zucchini, trimmed, halved lengthwise, then cut into slices
½ pound yellow squash, cut into quarters lengthwise, then sliced
12 cherry tomatoes, halved
½ cup pitted black olives, drained and sliced
½ cup marinated artichoke hearts, drained and rinsed well
½ cup Herb Dressing (see recipe below)

In medium saucepan, cook green beans until crisp-tender. Drain and cool under cold water in a colander.

In large bowl combine all vegetables. Add dressing and lightly toss until all vegetables are coated. Chill 1 hour or more before serving.

Per Serving (½ cup):
Calories: 80 Carbohydrate: 7.5 gm
Cholesterol: 0 mg Protein: 1.8 gm
Sodium: 81 mg Fat: 4.5 gm
Diabetic exchange: 1½ vegetable + 1 fat

Fresh Herb Dressing
(Makes ½ cup)

¼ cup fresh herbs (basil, dill, thyme, etc.) or 1 tablespoon dried herbs
2 tablespoons olive oil
2 tablespoons lime juice
2 tablespoons rice or herb vinegar

In small bowl whisk all ingredients. Refrigerate.

Per Serving (2 tablespoons):
Calories: 68 Carbohydrate: 0.8 gm
Cholesterol: 0 mg Protein: 0.1 gm
Sodium: trace Fat: 7.0 gm
Diabetic exchange: 1½ fat

Mediterranean Bean Salad
(Makes 8 servings)

2 cups cooked Great Northern Beans, drained and rinsed
3 cups shredded green cabbage
½ cup chopped celery
2 medium-sized apples, cored and chopped
½ cup drained Mandarin oranges
1 cup fat-free mayonnaise
2 tablespoons lemon juice
1 teaspoon sugar
½ teaspoon black pepper

Combine beans, cabbage, celery, apples, and oranges in medium-sized bowl. Mix remaining ingredients and fold into bean mixture.

Salad should be refrigerated about 1 hour before serving. Garnish with fresh parlsey.

Per Serving (1 cup):
Calories: 116 Carbohydrate: 23.9 gm
Cholesterol: 0 mg Protein: 3.6 gm
Sodium: 304 mg Fat: 0.7 gm
Diabetic exchange: 1 bread + ½ fruit + trace of fat

Mexican Black-Eyed Pea Salad
(Makes 22 servings)

1 cup low-salt V-8 juice
2 cups drained white hominy
2 cups cooked or canned black-eyed peas, rinsed and drained
1 cup chopped red onions
1 cup chopped green pepper
¼ cup fresh parsley or cilantro
2 cups mild salsa

continued on page 94

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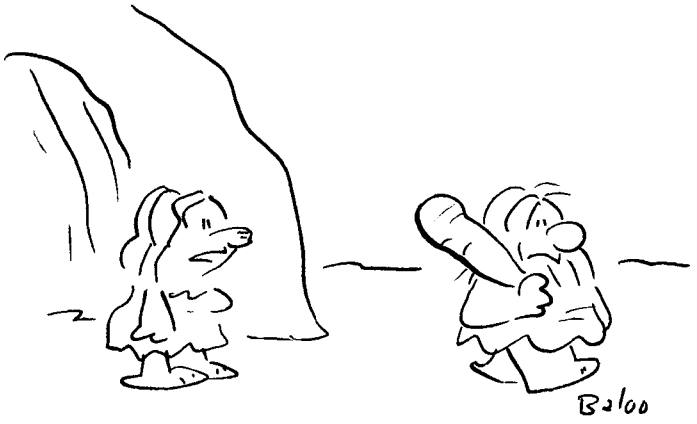
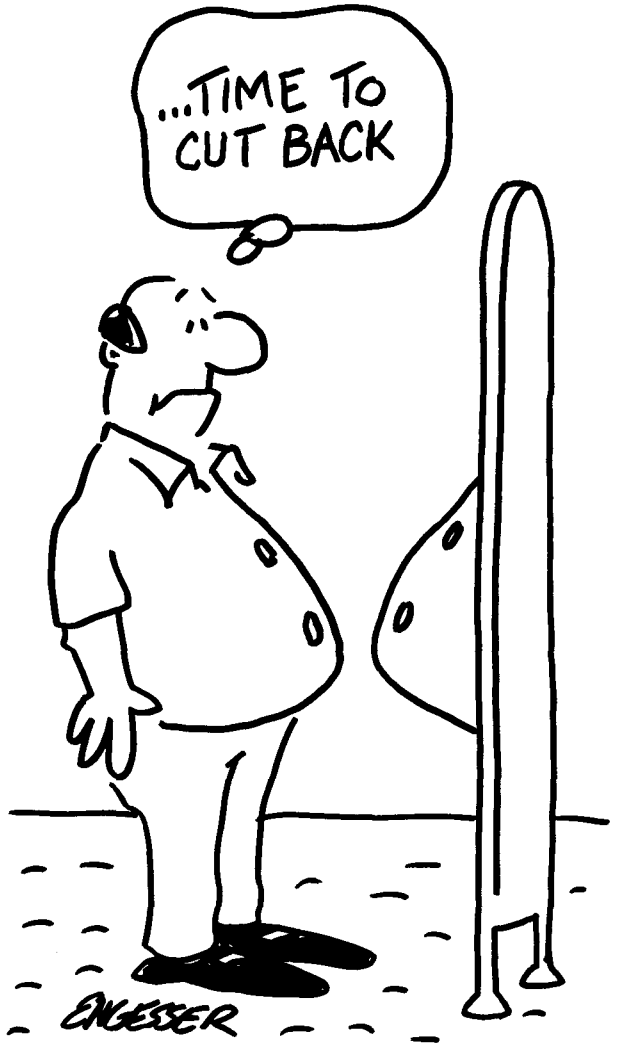
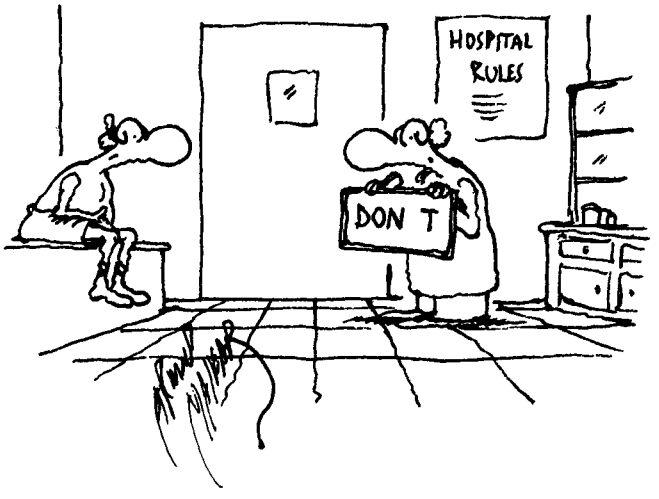


"Try to kill something low in cholesterol."

"They could save me a lot of bother by replacing the nutritional information label with a surgeon general's warning."





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Natural Prostate Relief

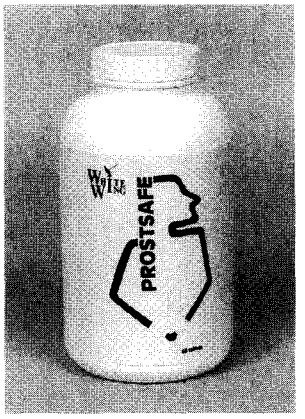
It's a natural fact. If you are a male over 40 and don't already suffer from a prostate gland disorder, the odds are 2 to 1 that you will before you are 59. By the age of 65, most American men have enlarged prostates.

As the years pass, mild discomforts can become disabling. Today, prostate surgery is the second most commonly performed surgery in men over age 65! Surgical complications can include total loss of bladder control and sexual dysfunction.

Prescription drugs may halt the swelling, but rarely end the suffering. Also, many prescription drugs may have side-effects, like weak erections and low sex drive.

Many doctors feel that prostate disorders can be treated or prevented by giving the prostate gland the nutrition it lacks.

Recent scientific research has shown how to remedy the underlying problems associated with prostate disorders--safely and effectively. These results have been published in the *British Journal of Clinical Pharmacology,* the *American Journal of Gerontology,* and papers from *the National Cancer Institute.* They reveal that several vitamins, minerals and natural herbs can dramatically shrink the prostate and improve urinary performance in older men.



Our customers have said Prostsafe™ helps to:

Halt the endless trips to the bathroom during the night!

Stop that burning sensation during or after urination!

Prevent uncontrollable wetting!

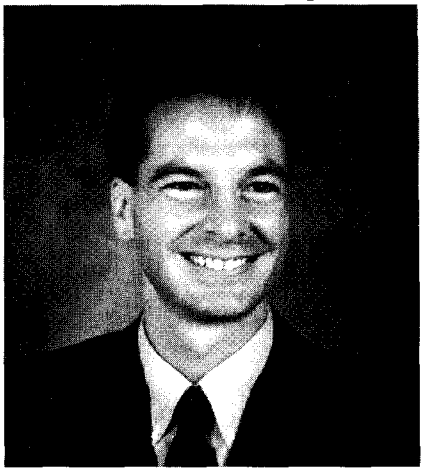
Improve bladder control!

Empty bladder completely!

Sit through an entire sports event !

Eliminate burning feeling!

The most modern application of these healthy ingredients is found in **Prostsafe™** from Whitewing Labs. **Prostsafe** is the nutritional "tool kit" for men with benign prostate problems, and those who wish to prevent them. It is a mixture of zinc, serenoa serrulata, ginseng, certain amino acids, bee pollen and vitamins A, B-6 and E. Working as a team, these ingredients have been shown to shrink a swollen prostate.



Dr. Leslie Atterbury III, M.D., says "Prostsafe supplies essential vitamins, minerals and herbs needed to nourish and maintain a healthy prostate."

For as little as a dollar a day, that seems like inexpensive insurance against prostate disorders. If for some reason you are not satisfied, just return the unused portion within 30 days for a full refund.

The reasons why men over 40 use **Prostsafe** are clear. If you are looking for relief, order **Prostsafe** today.

"I can now pass a bathroom without stopping. Sometimes I pass two or three!"
-- Mr. L. Johnston
Indian Wells, CA

"Before I used to have several bladder infections a year. Now I do not have any."
-- Mr. A. Simon
Charlotte, MI

"I have less aches and stiffness"
-- Mr. K. Osmom
St. Francisville, IL

"Now I get a good night's sleep without getting up every two hours to urinate."
-- Mr. C. Hussy
Cleburne, TX

"Prostsafe has stopped the burning after urination."
-- Mr. C.E. Black
Barboursville, WV

"...my urinary flow has improved greatly. I no longer have to force..."
-- Mr. P. G. Sadler
Ocean, NJ

Whitewing Labs, Dept 1325
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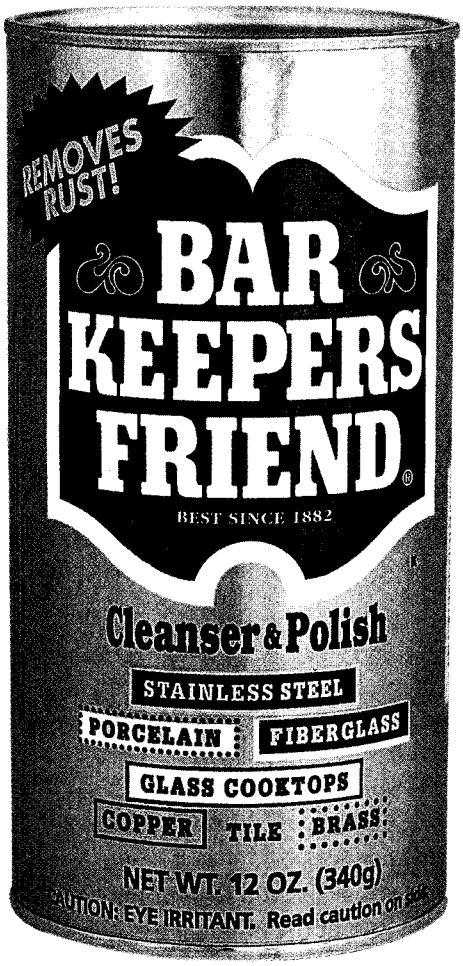
The Lucky Winners' in the Can.



Again and again, thousands of housewives tell us: "Bar Keepers Friend replaces everything under the kitchen sink. . . ." The hard-working cleanser in an environmentally friendly, totally recyclable container tackles even the toughest household chores in a snap! Rust, lime deposits, porcelain, tile, marble, chrome, stainless steel, copper, and brass—nothing escapes the cleansing power of Bar Keepers Friend! Put it to the test—you'll discover what thousands know—it's simply the best cleanser on the market! Now there's an extra incentive to join the legions of devoted Bar Keepers Friend users.

Here's how to participate. Pick up a can of Bar Keepers Friend at your local store. When the can is empty, step on it! Off pops the aluminum lid. And, if you're one of the lucky winners, you'll discover a gift card inside, announcing your prize! It could be a Rainbow watertrap vacuum cleaner, a Stihl 023L chain saw, or a Homelite Electric-Start Trimmer. Good luck! So pick up Bar Keepers Friend—you'll be glad you did!

Once Tried, Always Used!

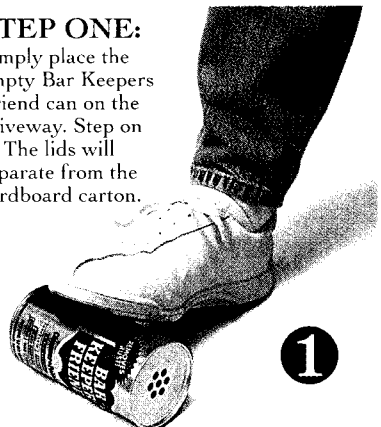
How to find your winning ticket and help the environment in two easy steps.

Everyone wins when you recycle the Bar Keepers Friend can.

Not only will Bar Keepers Friend keep your household spotless, the little can with a powerful punch is totally recyclable and environmentally friendly. Prizewinner or not, everyone's a winner with Bar Keepers Friend, whose well-earned motto is—Once Tried, Always Used!

But before tossing the empty can in the recycling bin, here's how to find out if you're one of the lucky Sweepstakes Winners:

STEP ONE: Simply place the empty Bar Keepers Friend can on the driveway. Step on it. The lids will separate from the cardboard carton.



STEP TWO: If you're lucky, out will pop a sweepstakes card, announcing your sweepstakes prize.

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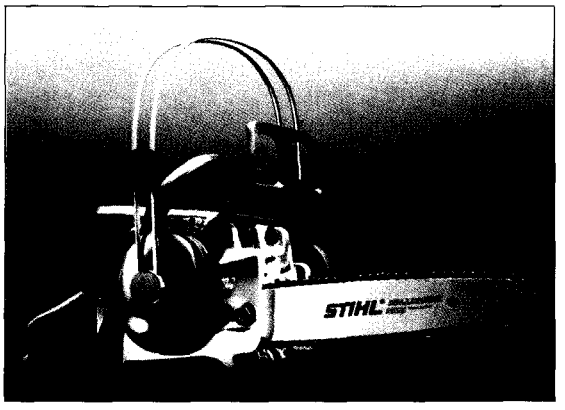
prizes are



"Quiet" and "chain saw" are two terms that ordinarily don't go together. Unless, that is, you are using the new STIHL 023L chain saw. A little louder than the average power lawn mower, the gas-powered chain saw is not only easy on the ears but highly efficient, as the Second Prize Winner will quickly find out!

CONGRATULATIONS!
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BAR KEEPERS FRIEND
To arrange for shipment of your prize, please call (317) 636-7760.
Offer expires if not claimed by January 1, 1997

THIRD PRIZE
Homelite Electric-Start Trimmer

With a simple tug of the cord, the Third Prize Winner can make quick work of trimming around bushes and flower beds. The two-cycle, gas-powered Electric-Start Trimmer operates as easily as an electric because it is activated by a rechargeable nickel-cadmium battery, providing busy home gardeners with up to 40 easy starts before needing a recharge.

SECOND PRIZE
Stihl 023L Chain Saw

CONGRATULATIONS!
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GRAND PRIZE
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LEARNING, WALT'S WAY

The Disney Institute puts a new spin on "school," as guests dabble in animation, play deejay for a day, and climb a rock wall named Norman.

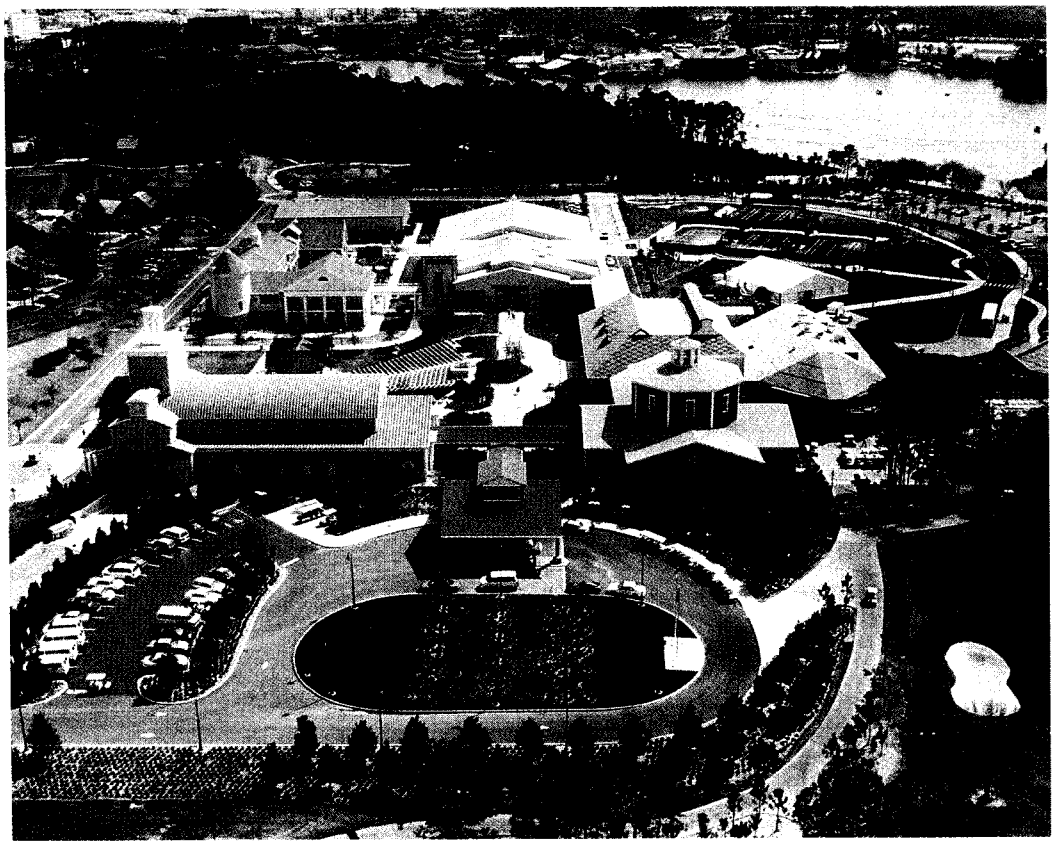
by Holly G. Miller

Attending dedication-week activities at the Disney Institute near Orlando last spring, a Detroit engineer decided to shed his button-down demeanor and get goofy. He and his wife signed up for classes in how to prepare romantic dinners for two, perform stand-up comedy routines, and provide voices for animated characters. "We wanted to do out-of-the-ordinary things," he explains of their seven-day adventure in self-discoveryland. "Now we know how to cook red snapper, tell jokes, and talk like munchkins."

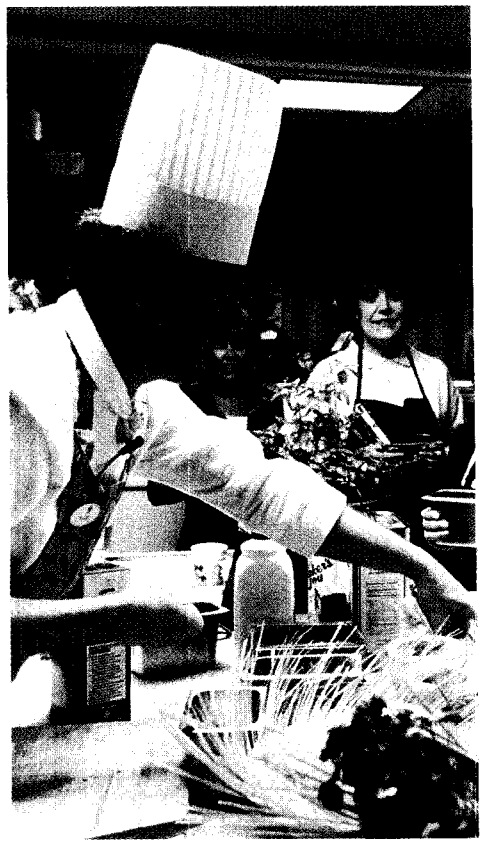
Learning—Walt's way—has never been more fun. Institute guests attend as many programs as they choose, suffer no penalty for skipping class or ducking out early for golf, and aren't bothered by homework, detention, or tests. All courses are electives, and the teaching method is strictly hands-on. Wannabe broadcasters man the mike at the Disney News Network; prospective mountain climbers scale a 26-foot rock wall that the staff has nicknamed "Norman"; and clippers-wielding gardeners gingerly buzz bushes into topiary treasures. Instructors insist they are more like coaches than teachers, and one "coach" confesses that she and her colleagues toss a dollar into the kitty whenever they slip and say "class" rather than "workshop."

"This is adult education in a relaxed setting," says Dr. John Gray, best-selling author of *Men Are From Mars, Women Are From Venus*. As one of more than 200 artists-in-residence who will pop in to lead seminars this year, Gray is enthusiastic about the spin-off benefits of Disney's newest vacation venture. "Nothing is more potent at killing relationships than ruts and routines," explains the marriage expert. "Couples should get out of the house, go someplace beautiful, and do something different."

A "term" at the lush, 58-acre Institute is just what the doctor ordered. After booking their reservations, guests design individual programs based on offerings from eight core categories (culinary arts,



Located on a lagoon, Disney Institute includes 28 studios, a performance center, amphitheater, cinema, golf course, youth center, fitness complex, and deluxe spa.



Students leave with satisfied appetites and gourmet recipes after helping Chef Mark Dowling prepare a "Taste of Mexico" menu.

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design arts, entertainment arts, environment, lifestyles, performing arts, story arts, and sports and fitness). On any given day, they may opt to create sand sculptures, shoot home videos, cook with herbs, canoe a wilderness swamp, or explore their family trees. Flexibility prevails, and students drop, add, and switch classes as they lose inhibitions and gain a sense of adventure. Groups are small—15 students to one instructor is typical—and all equipment is provided. Computers are loaded with the latest animation software, cameras are pricey and new, and the culinary program boasts enough fine cookware to equip 125 dream kitchens.

"It's smart fun," says Disney CEO Michael Eisner, who traces the Institute idea to a vacation he and his wife spent at New York's Chautauqua Institution a decade ago. "You can't explain it; you have to experience it." At the opening ceremonies, he described the Institute as "the cherry on top of the cake." Then he added, "Of course, there will be other cakes."

This one has a decidedly different flavor. Few toddlers scamper across the grounds, Mickey is nowhere in sight, and many staff members are senior citizens lured out of retirement for a tour of duty in never-never land. Their hospitality is genuine, and their camaraderie helps guests to shed hangups, explore new interests, hone latent talents, and pursue crazy whims. Experimentation is encouraged, even at dinner. Menus and themes at the resort's Seasons restaurant vary nightly from Polynesian to vegetarian to Key West to New Orleans to California. Vacationers don't have to ponder choices of appetizers and entrées; instead, they graze family-style from lazy Susans laden with samplings of everything.

"Our mission is to maintain the sense of discovery and learning that our guests expect from the Institute," says executive chef Philippe Wilhelm, whose previous assignment was overseeing the dining room of the Hotel New York at Disneyland Paris.

Participants in the culinary arts classes often find the Institute's "deluxe plan"—three meals a day in the dining room—too sumptuous. With appetites satisfied by the fruits of their kitchen labors (students eat their class projects), they make do with warm-ups from the microwave ovens in their townhouses and bungalows. Other guests partake of dining-room *and* cooking-class fare and then do penance at the sprawling Sports & Fitness Center. Here, they can shoot hoops in the NBA-regulation gym, do step aerobics,

If you go:

A three-night stay is required; other packages are available for four-day and seven-day visits. The "basic plan" includes accommodations, programs, and a one-day pass to a Walt Disney World theme park; the "deluxe plan" offers all the features of the basic plan plus three meals a day at the Institute's Seasons dining room. Special programs are available for guests 10 to 17; children 7 to 9 can participate in the half-day Disney Day Camp. Call 800-496-6337 for information or reservations.

continued on page 78

Disney Golf Pro Wayne Player demonstrates that a balanced golf swing requires the same kind of body-weight transfer as throwing a football. The Institute's golf program was developed by Wayne's dad, Gary Player.

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RACING TO LAS VEGAS

America's boomtown just added a speedway to its growing list of high-octane attractions.

by John McCollister

On any given night, the neon signs along the glitzy Las Vegas "Strip" announce that Frank Sinatra, Joan Rivers, Jay Leno, Don Rickles, or David Copperfield are in town to entertain. Now add to this list of headliners the names of Richard Petty, Jeff Gordon, Sterling Marlin, Davey Hamilton, and A.J. Foyt. These, as any motorsports fan will testify, are past and present champions of America's fastest growing spectator sport—auto racing.

What has auto racing to do with Las Vegas? Plenty. Especially with the construction of the Las Vegas Motor Speedway, located across from Nellis Air Force Base in North Las Vegas.

"The Speedway adds a new twist to the entertainment offered by Las Vegas," says Sterling Marlin, champion racecar driver. "It's going to be a first-class facility."

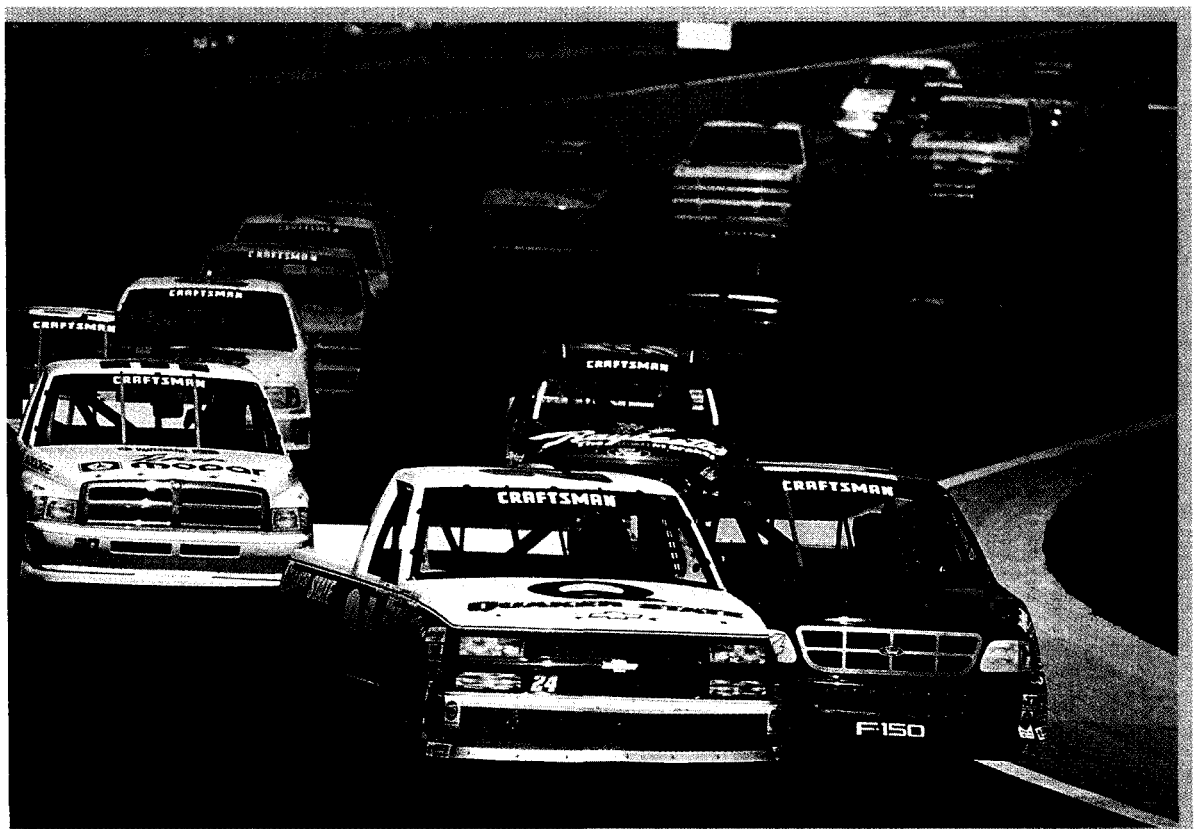
"Amen," says John Bisci, a spokesman for the Speedway. "Back in grammar school, your geography teacher might have taught you that 'nothing can grow in the desert.' That was then; this is now. Like an oasis, the Speedway has sprouted from under the scrub."

The facility is built to host competitions for Indy-style race cars, stock cars, motorcycles, trucks, and other kinds of motor-driven vehicles. It includes a 2.5-mile road course, a 1.5-mile superspeedway, paved and dirt short-track ovals, and a 4,000-foot drag strip.

Long before the first racecar engine roared to life at the inaugural event, the track had beckoned the curious. Drivers from all over the country had taken side trips to the track to check its construction. Jeff Gordon, Benny Parsons, Sterling Marlin, Geoff Bodine, and "King" Richard Petty were among the who's who in racing to view up close the earth movers and concrete-pourers.

"I had heard about it and wanted to check it out," says Rusty Wallace, the National Association for Stock Car Auto Racing (NASCAR) champion. "This place is really beautiful. There's not a bad seat in the house. They've exceeded everything that any other racetrack has."

It's all the result of a dream of Richie Clyne, president of the Speedway. Clyne, a nationally renowned antique car collector, privately financed the construction of the new Speedway. "Auto racing is the most exciting sport in the world," he says. "Las Vegas is the entertainment capital of the world, so we felt we should construct a facility by which all other speedways will be measured."



The NASCAR SuperTruck Series season finale on November 3 is one of five major racing events on track for the new Las Vegas Motor Speedway's opening season.

The addition of the new Speedway to the attractions of Las Vegas is part of the city's plan to diversify. Not long ago, the city fathers realized that gambling ("gaming" is the preferred term) alone would not sustain the economy. Instead, they opted to offer a more family-oriented experience.

"Frankly, there's no idea that's too big for Vegas," admits Donal "Mike" O'Callaghan, former two-term governor and now executive editor of the *Las Vegas Sun*.

Many of the more popular "new ideas" are byproducts of the strong emphasis on family entertainment that tourists formerly got only at attractions such as Walt Disney World. Instead of filling hotels with patrons interested only in pulling handles on slot machines, Las Vegas

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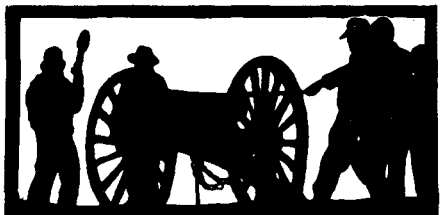

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Where Do You Think You Are?

(answers from page 78)

(Theme: American cities named for foreign countries)

1. Grenada, MS
2. Peru, KS
3. Cuba, AL
4. Trinidad, CO
5. Turkey, TX
6. Mexico, ME
7. Lebanon, KY
8. England, AR
9. Holland, MI

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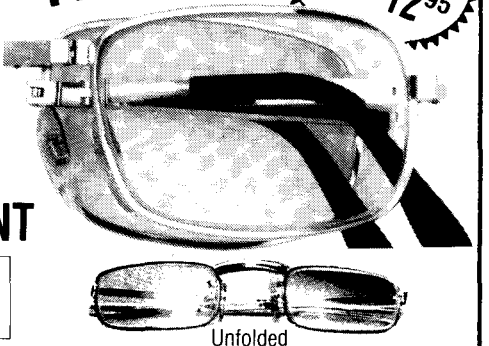

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now attracts mothers, fathers, and their children to a visual playground unlike any in the world.

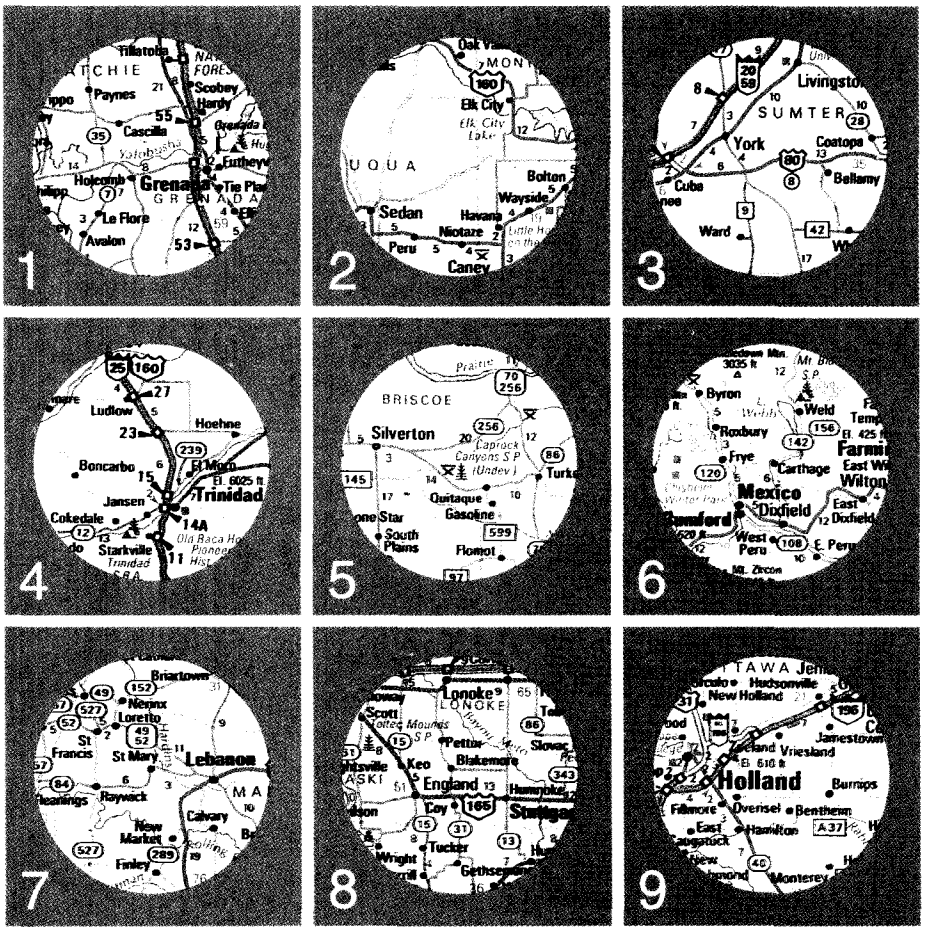
For example, hovering above the city's skyline is the 1,149-foot-high Stratosphere Tower with its 2,500 rooms. The Stratosphere is America's tallest free-standing observation tower and the tallest building west of the Mississippi River. It features a revolving restaurant on top, shopping mall, theme restaurants, and a G-force-defying thrill ride at the pinnacle called "Big Shot."

Also, an elaborate, multi-chambered dining and enchanted wonderland will open this year at Caesars Palace, the flagship of the famous Las Vegas hotels. Caesars has added a "Magical Empire" that treats guests to lavish dining while they experience the ancient art of magic. After dinner, the more adventurous can follow a path that leads to a vast, seven-story domain of the supernatural where they can explore mysterious nooks and corners filled with surprises.

Hilton Hotels and Paramount Parks have in the planning stages for 1997 "Star Trek: The Experience," an entertainment complex that allows the visitor to assume the identity of a Starfleet or alien crew member while taking a simulated ride that uses special-image projectors and virtual-reality stations.

Mirage Resorts is building a singular destination resort inspired by the village of Bellagio, which overlooks Northern Italy's magnificent Lake Como. And a 32-story Monte Carlo Hotel, catering to the value-minded Las Vegas visitor, will include a 22,000-square-foot shopping center. On the agenda for December is the much-publicized New York, New York Hotel and Casino, which will depict the New York City skyline with re-creations of familiar landmarks such as the Statue of Liberty, Empire State Building, and Central Park. Especially exciting for the youngsters will be motion simulation rides and a Coney Island-style roller coaster.

City fathers say that when New York finally meets Las Vegas, all visitors will emerge winners, even if they never go near a gaming table, experience the checkered flag, or pull into Victory Lane. ▲



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 77)

Learning, Walt's Way

continued from page 75

attend a sports clinic, or work out with weights. Visitors who prefer more passive tune-ups can stop by the Spa, where an expert staff pummels and polishes bodies with mud packs and seaweed masques. Even fitness programs are exercises in self-indulgence at the Institute.

Although a shuttle bus links the campus to the Magic Kingdom, Epcot, Disney-MGM Studios, and other attractions, many Institute guests prefer to bypass field trips in favor of academe. To leave might mean to miss rubbing elbows with a celebrity on campus. Siskel and Ebert have been known to stop by to discuss films, James Earl Jones to offer a workshop on animation, and Amy Grant to host a Nashville-style songfest. Gary Player is a frequent visitor, partly because his son, Wayne, is the golf pro, partly because he's developing a holistic program that integrates golf with nutrition and exercise, and partly because he just likes the place.

And who wouldn't? Once again Disney has found a way to package magic—this time by making education entertaining and entertainment educational. As one program director summarizes: "We're teaching people to do life with more juice." ▲

Hats on for Health

continued from page 39

to consider the health consequences of its decision.

"I showed the committee the latest hat they're wearing at home, and they laughed and said, 'You're never going

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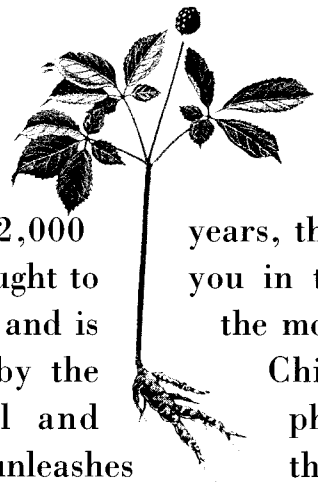

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to get kids to wear that.' And I said, 'Eight years ago, ten years ago, you'd never have got kids to wear that in our country, either. It evolves. It wasn't like, 'OK, kids, you're going to wear this dorky hat.' "

Lennon did not give up. After learning that hats could be worn for medical reasons, she got a "prescription" for her children from their family doctor. Like others familiar with Lennon's efforts, Dr. Winnie Yoshida says Lennon's approach is a novel one; she can't recall anyone ever bringing it up before. "It's a very worthwhile thing that she's doing," says Dr. Yoshida, who adds that she sees a lot of patients with precancerous changes on their skin. "There's not the same awareness here of the damage sun can do."

Lennon tells anyone who will listen about Australia's "Slip, Slop, Slap" campaign and other successful government efforts to educate citizens about the dangers of sun exposure. "Isn't it wonderful to think that as a nation of sun-worshippers—and we were—we have initiated a complete reversal in attitude," says Lennon. She attempts to strike up cross-cultural comparisons, commending Americans for their similar attitude adjustment with cigarettes. "I've used the example of the anti-smoking campaigns here with the [school] board. I said, 'You have done such a wonderful job with education when it comes to smoking. Australia's way behind in that particular area.' "

At first, being an outsider seemed to help. "It was an advantage," Lennon recalls, "because they actually listen to you a bit longer; they like the accent." But the mood has turned less tolerant in recent months; Lennon even received a crank call. "They called and asked: 'Are you the lady with the hats? Well, I've got a good suggestion for you. Why don't you just take your hats and take your children and get on back to Australia?' "

Lennon doesn't seem too perturbed by such hostility. For the most part, she says, her cancer-prevention campaign has been met with a "deafening silence"—which she puts down to equal parts apathy and ignorance—from teachers, parents, and school officials alike. "It's not my issue; my children are protected. I thought, silly me, that when all these things were presented to parents, they would put hats on their kids."

Lennon has captured the interest of one community: the local media. "A guy on the board really got my back up when he said, 'Once you've heightened the public's awareness, maybe then we'll consider amending the policy.' So I thought, *I guess that means I need to go to the press*," she says. "It wasn't meant as a threat. It wasn't as if I hadn't been through all the hoops. I'd been mucked around so many times." Lennon called the education reporter for a local newspaper, who wrote a story.

"Once that came out, I got woken up by a radio reporter. I came home later that day and there was a camera crew waiting for me. It's amazing, all this attention," she says, rattling off a string of interviews she has done. "That week my girlfriend arrived from Australia with her two kids. The day I was at Immigration [reporting a stolen "green card"], she was home writing all these messages from TV people,"

Can you name this picture?

. . . contest: *The Saturday Evening Post* will award $100 to the author of the winning limerick for this picture. Your limerick must contain exactly five lines.

Send your entry on a postcard. Entries will not be returned. Enter as many times as you wish.

Send entries to: Limerick Contest, *The Saturday Evening Post*, 1100 Waterway Blvd., Indianapolis, IN 46202.

All eligible limerick entries must be postmarked by August 17, 1996.

The winner of the July/August 1996 contest will be announced in the Nov./Dec. 1996 issue.

Our congratulations and a check for $100 go to Mildred Yoacham of Eugene, Oregon, for the winning entry in our March/April 1996 caption contest.

A parent is pointedly stressing
That fatherhood's truly a blessing;
Baby's fed from the start
By this dad who's all heart
And clearly it's not *"window dressing!"*

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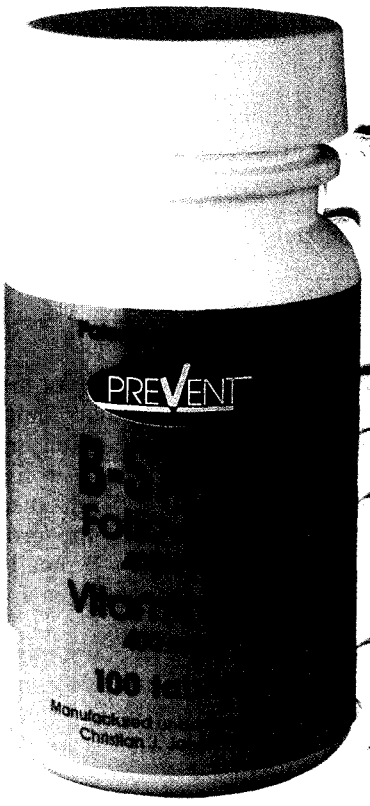
For Your Heart



- The folate in the heart-shaped B-Safe helps lower high homocysteine levels that are associated with strokes and heart attacks.
- Deep-vein thrombosis (a dangerous blood clot) is also associated with high blood homocysteine levels, according to a Netherlands study reported in the March 21 *New England Journal of Medicine.*
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says Lennon, laughing.

"She left me a little note that read: 'My God, this is bigger than *Ben Hur*.' "

For their part, Lennon's children are her biggest fans. While they're all a little tired of the extra attention—from the media and at school—they back their mother 100 percent. Tai, shy and soft-spoken, seems to have inherited her mother's no-nonsense approach to life. "I'm known as the hat kids' sister," says the teenager, who no longer wears a hat to school but willingly grabs a straw number off the family's overflowing hat stand to pose for a photo. "Mum's mainly dealing with younger kids. I don't really want to wear a hat to school, but I'm not out in the sun very much," she adds.

Tai says her brother Toby is hardest hit by teasing at school. Looking all-American in a baseball outfit—including a matching cap—Toby explains why he, too, backs his mum. "I just think it's a good idea because kids are protected from the sun," he says. It's clear, though, that he's a little hurt by the ribbing. "I get teased a lot by some kids. I just kind of ignore it and try to walk away," he says. "I know my mum is doing the right thing."

As for Jacqueline, a self-possessed seven-year-old, she says her biggest hat hassle "is a kid at school called George. He always bugs me and knocks my hat off my head."

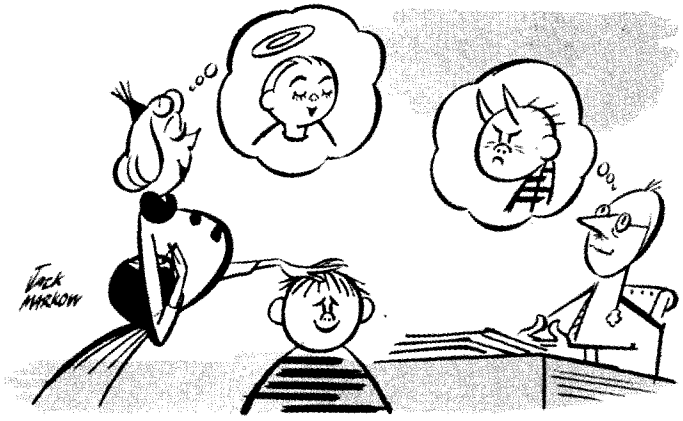
Bolstered by support at home, Lennon is looking further afield for someone to take up her battle. She's hoping to find an ally on the five-member school board. Board President Carol Myers says that the "no hats" policy, in effect since the 1980s, is unlikely to be lifted because of concerns expressed by school officials. "Teachers and administrators don't need the extra hassle," says Myers. "They've got a lot to deal with. I'm going to support the staff on this and do what makes their life easier."

But Myers is not unsympathetic to Lennon's message. "What Wendy is doing is admirable," says Myers. "If nothing else she's certainly raised our consciousness on the issue." A teacher for more than 20 years, Myers works in a neighboring school district where hats are allowed; she has not noticed any major behavior problems. She's also familiar with the harmful effect of the sun's rays: her husband has had two operations to remove melanomas. Myers is already talking compromise. She says she plans to approach science and P.E. teachers about adding instruction on the dangers of sun exposure to schools' curricula. But would she push to allow kids to wear hats? Myers balks at the question. It's not, she says again, what the staff wants. "It's not realistic."

It's this kind of resistance that has kept Lennon harping over hats. "I'm mad at this point. And I'm sick of it. I don't know why I'm doing this all by myself," she says. "Why isn't anybody taking this up?" Still, she remains committed to her one-woman crusade.

"I truly believe in it. I'm not playing any games. I don't know why people feel so threatened by this." Asked what it takes to keep fighting the good fight, she throws her head back and laughs. "Tenacity, it's called. Tenacious. I've heard that word used to describe me."

Lennon concedes there have been many days when she's felt like giving up. She perseveres, she says, because she's certain of one thing: "They know I'm right, and I know I'm right." ▲



The Perfect Squelch

Willful Johnny regularly sabotaged the school that supposedly was educating him. He just as regularly was bailed out by his fond mother and given another chance by his long-suffering teachers and principal.

Finally, however, Johnny damaged so many nerves and so much school property that he had to be expelled. When his mother heard of this, she immediately stormed schoolward and faced the principal.

It was outrageous, she protested at great length. The school lacked tact. It lacked flexibility. It simply didn't understand how to deal with Johnny.

"Your school," she said, pointing an accusing finger at the principal, "has failed."

"Yes," the principal sighed, "our school just can't adjust to your son."

—Martin Tonn

Real Men Keep Promises

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unfounded. However, many wives are suspicious of a conference that limits attendance to men. Promise Keepers argues that men are more likely to listen and learn if they aren't concerned with women's reactions to the program. Conference speakers typically waste few words in scolding men for ducking their duties.

"Christian women complain more about men's nominal Christianity and their unwillingness to assume leadership in their families than anything else," warned Dr. James Dobson from the podium at the '93 Boulder conference. "If you still have little children at home, remember that they are the only things you can take to heaven with you. Everything else will burn. Don't miss the opportunity of these years!"

Such straight talk has more long-term impact when delivered guy to guy and without "I told you so" glances from wives, say advocates of the men-only policy. Gary Timm, who drove with a dozen friends from Missouri to Indianapolis to attend a sold-out Promise Keepers conference in 1994, recalls that in his absence his wife hosted a barbecue for the women left behind. "It was the unanimous opinion of the wives that they were glad their husbands attended the conference, and they have seen positive things happen as a result," says Timm. Personally, he says, the conference caused him to have a deeper appreciation for prayer, Bible study, and his role as a

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–Harvey Rothschild, Founder of Featherspring Int'l.

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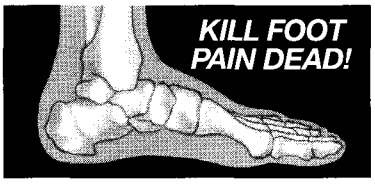
"How can I make such an unprecedented guarantee? Because I personally lived in constant, agonizing foot pain for years before my exciting discovery. What started out as simple aching from corns and calluses grew into full-blown, incapacitating misery only a few other foot pain sufferers could understand.



"Believe me, I tried all the so-called remedies I could get my hands on (and feet into), but none of them really worked. It wasn't until my wife and I took a trip to Europe that I discovered a remarkable invention called Flexible Featherspring® Foot Supports. Invented in Germany, these custom-formed foot supports absorb shock as they cradle your feet as if on a cushion of air.

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husband and father.

"The strongest proponents of Promise Keepers are the wives, mothers, sisters, and daughters of the men who attend," says Phillips. "They know that the man who comes back to them is not trying to misuse or impose his masculine authority. He's a man who wants to give, serve, listen, honor, and care. Women see the positive change and realize the influence it will have in their lives and families. They tell their friends, 'You better send Charlie! Look what's happening to my George.' "

Of course, Charlie and George can be a tough audience to convince, depending on their backgrounds, beliefs, and role models. Because Promise Keepers and other men's ministries are trying to reach beyond the pews, they are willing to meet members of their target public on the unlikely turf of a football field, in a small-group seminar, or somewhere out in cyberspace. Technology helps remove barriers, attract attention, disseminate information, and use scientifically gathered data to tell dads how they stack up.

Dr. Ken Canfield's organization, the National Center for Fathering, produces a bimonthly magazine and a three-minute daily radio broadcast to "throw the nets out in the deep water" and encourage men in their roles as fathers. Because of his extensive database of research related to fathering, Dr. Canfield has been called to the Clinton White House to consult on family issues. He also draws heavily on statistics when he conducts workshops across the country.

"In our seminars we have interactive devices that give quick feedback to fathers," he explains. Participants answer seven questions that relate to some fathering issue—involvement in their children's education, loving the mother of their children, commitment to their family—and the responses are quickly tallied and compared to the national norm. "This is helpful," says Dr. Canfield, "because men are so reference oriented."

Technology also helps reduce the feeling of isolation that many men say they suffer. The Christian Interactive Network (CIN)—not limited to men but with a predominantly male membership—is one way that men can build relationships away from the office, on *their* time and *their* turf. All communication is done through computer and modem; traditional barriers of denomination, color, culture, geographic location, and time zones are erased. Friendships stretch beyond the confines of a church, city, or even a country.

"We provide a place where people can gather," explains CIN's Greg Darby. "We have a singles group that meets on-line; we have a private area just for pastors; and, if you are with a mission organization stationed in another part of the world, you can communicate here with your home mission board. We're a Christian village without geographic boundaries."

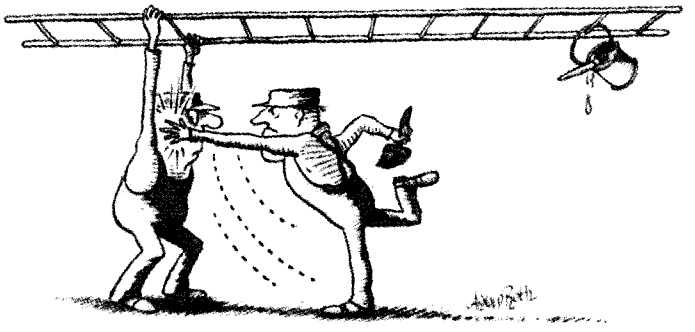
If the concept of an electronic village sounds cold and remote, Darby offers an example of men helping men that cut across miles and drew CIN members together in genuine Christian fellowship.

"At 5:30 on a Friday night, one of our new members posted a message in the intercessory prayer forum that said he was having problems at home and couldn't cope anymore," Darby recounts. "His car was running in the garage, and he was going to commit suicide. One of the guys looked up the man's name in the on-line directory and came up with the city, but no address, in another state. He called the sheriff in that area and explained the situation. The house was located, a deputy was dispatched, and sure enough, when he arrived he heard a car running in the locked garage. The deputy broke in and pulled the man to safety. Later, the man came back on-line and thanked everyone. He said he didn't realize there were so many people out there who cared about him."

Such stories drive home the point that men need daily support that goes beyond the "high" provided by a motivational speaker, soaring music, or a standing-room-only crowd in a football stadium.

"I would classify the Promise Keepers conference that I attended a 'mountaintop' experience," says Gary Timm. "The music, the speakers, the atmosphere generated by 60,000 men coming together for worship all combined to create a truly outstanding event. Returning home, my concern was that the inevitable trip down from the mountaintop would result in the conference being little more than a nice memory. But that has *not* been the case. Through the power of the Holy Spirit, most of us who traveled together to Indy are still meeting regularly. And several new men have joined us as well. We meet as a large group once a month, and

continued on page 90



You Be the Judge

by James A. Eichner

Wilson and Johnson worked in the same plant, but not always amicably. One day Wilson irritated Johnson by repeatedly removing his ladder. Johnson, fed up, slapped Wilson's face. Wilson hit back with a stick. Johnson died from the blow. His widow sought workmen's compensation from the company, but was turned down. So she sued.

"Her husband was the aggressor in this fight," counsel for the company contended. "When he started the fight by slapping Wilson, he certainly wasn't acting within the scope of his employment. So we aren't responsible."

"Wilson started it by removing that ladder," the widow's lawyer retorted. "Actually, the whole fracas resulted from tensions built up on the job. It therefore is directly connected with employment, and compensation is in order."

If you were the judge, would you award compensation to the widow?

The widow won. Striking the first blow did not make her late husband the aggressor, the court ruled. It said: "Previous acts of aggression by Wilson precipitated the fight. The disagreement arose out of the employer's work. There was a relationship between the employment and the fatal injury."

Based upon a 1957 Michigan decision.

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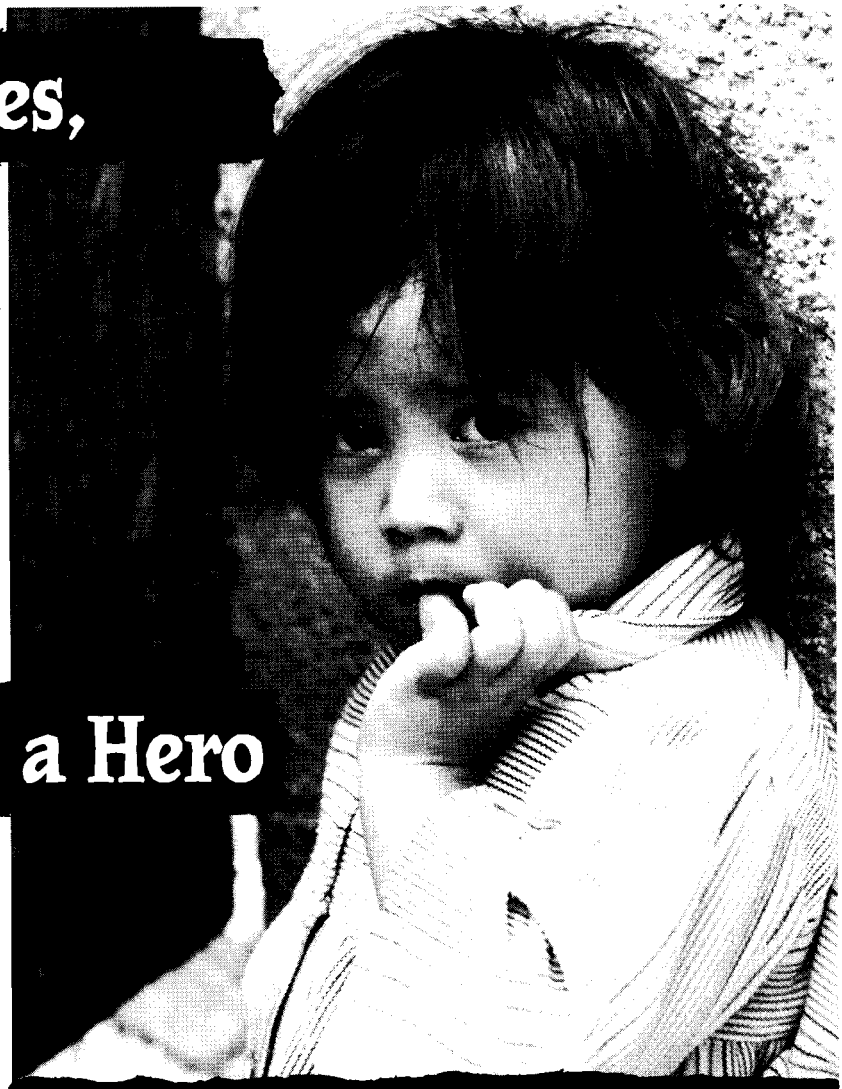
In Her Eyes,



Ana lives in Guatemala, in a one-room shack. She urgently needs a hero...

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To receive the name, photograph and family history of the child you choose – free, with no obligation – just mark the "No Money Down" box in the coupon and choose the details of the child you are interested in.

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"When meditating over a disease, I never think of finding a remedy for it, but instead a means of preventing it."—*Louis Pasteur*

Latest on Lung Reduction Surgery

In the Nov./Dec. 1994 issue of the *Post*, we reported on an important breakthrough for patients struggling with debilitating emphysema—lung reduction surgery. The surgical procedure, developed by lung transplant pioneer Dr. Joel Cooper at Barnes Hospital in St. Louis, Missouri, has to date helped 156 patients at that facility improve the quality of their lives. Dr. Cooper is presently working on a single-lung (unilateral) reduction surgery for patients ineligible for the double-lung procedure.

We recently interviewed Paul Burns, Dr. Cooper's 69th double-lung reduction patient. The procedure saved his life and, in the process, restored life back into the Burns' household.

Lung reduction surgery gave new life to emphysema sufferer Paul Burns, pictured here with his wife, Lou. The surgery is no longer considered experimental; multicenter clinical trials are needed to determine if it should be considered standard therapy for advanced emphysema.

Fifty-eight-year-old Paul and his wife, Lou, are from the Dallas, Texas, area. The couple first heard of the surgical procedure on a local TV medical report and were immediately interested. Disabled since 1982, Paul was suffering from end-stage emphysema, on oxygen 24 hours a day, and confined to a wheelchair.

"I wasn't bedridden," Paul says, "but I couldn't take a bath by myself, brush my teeth, comb my hair, or dress."

In December of 1994, Paul and Lou traveled to Barnes for the first time. After giving Paul a thorough examination, Cooper's team sent him back home to complete six weeks of exercise prior to surgery.

"We came back to Barnes on January 2, 1995," Lou remembers. "Paul then had five more weeks of exercise here [Barnes Hospital]; they did the surgery on February 6, 1995."

Dr. Cooper's team removed the diseased portions from both of Paul's lungs, removing the lower left and the right center lobes completely.

For Paul, who had a 9 percent breathing capacity and a grim prognosis at the time of the surgery, the operation saved his life. The benefits were immediate.

"It was a modern-day miracle," Paul says. "I was actually getting so much air across my teeth, they were hurting—that's no lie!"

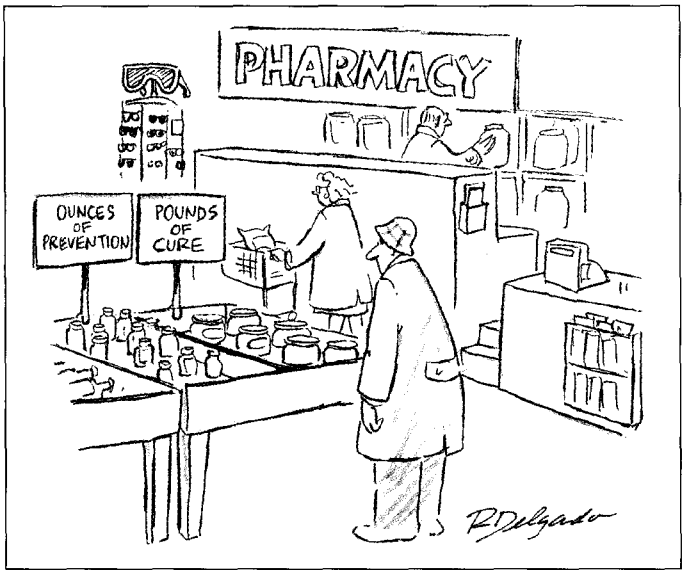
At the time of the interview, it had been 13 months since the operation. Today, Paul is no longer on oxygen or in a wheelchair.

"I feed the cows," Paul says of his current activities. "I've got a garden, and I work in it. And I can eat anything."

Before surgery, he was hungry all the time but couldn't eat because of his lung condition—there wasn't enough room. If Paul wanted to breathe, he just wouldn't eat.

Today, Paul visits Dr. Joel Cooper at Barnes only for routine follow-ups—which so far have been nothing but good news for the Burns family.

"I would well recommend this surgery, myself," Paul says to others suffering from emphysema and other chronic lung conditions. "If I hadn't got it, I would have been dead."



Pancreatic Cancer Pain

At last there is a little good news for pancreatic cancer patients. Their cancer has long been one of the most difficult cancers to treat.

Gemzar, recently approved by the FDA, is the first new drug to be approved for the treatment of advanced pancreatic cancer in more than 30 years, according to researcher Dr. Mace Rothenberg of the University of Texas Health Science Center in San Antonio.

Studies found Gemzar reduces pain, which lessens the

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need for painkiller drugs. Trials also found that patients lived slightly longer than they would have if treated with standard therapy.

Taking Steps to Limit Excessive Growth

Dear Dr. SerVaas:

Can you direct us to a doctor who specializes in Marfan syndrome? This past fall my 13-year-old grandson was diagnosed with this condition. He has always been a skinny kid who only grew up but never "put any meat on his bones." A trip to the local doctor for a pre-basketball physical led to the referral to an orthopedic doctor, who in turn sent him to a cardiologist.

Is there anything doctors can do to stop his growing which would not be detrimental to his health? He is just now ready to go into his puberty growth spurt, and is already six foot four or five inches tall. We are a family of tall people. Another grandson, with no symptoms of Marfan, reached the height of six foot eight.

I understand this condition is inherited directly through one parent. Three of his cousins were previously diagnosed with mitral valve prolapse, but now they are wondering if they have a milder form of Marfan syndrome. I would appreciate any information you could give me.

Virginia Frantz
Guymon, Oklahoma

Marfan syndrome is a genetic connective tissue disorder that affects not only the bones but also the eyes, lungs, heart, and blood vessels. Curvature of the spine, abnormally shaped chest, loose jointedness, and disproportionate growth may occur. This growth usually, but not always, results in tall stature. The most serious potential problem is often enlargement of the aorta, the large blood vessel that carries blood away from the heart. As you mention, Marfan syndrome is usually inherited from one parent with the condition, but at least one quarter of cases occur without previous family history. There is presently no known cure, yet much research is underway around the country.

Stanford University Medical Center, San Francisco, and Baylor College of Medicine, Houston, have extensive experience in treating Marfan syndrome. If these institutions are not accessible for you, contact a teaching hospital with specialists in areas affected by the syndrome—cardiologists, cardiovascular surgeons, orthopedists, and ophthalmologists—and a medical genetics department. Because Marfan is a multisystem disorder, it is desirable for a medical geneticist to oversee diagnosis and treatment.

Jessica Davis, M.D., codirector of the Department of Human Genetics, New York Hospital/Cornell Medical Center, responds to your other questions:

"There is something that can be done to limit growth that is not detrimental to the health of a person with Marfan syndrome. The first step is to involve a pediatric endocrinologist. The endocrinologist will review the patient's growth data and medical history, and predict the future height of the individual. He or she will then sit down with the patient and family and discuss hormonal treatments. Throughout treatment, the patient is followed closely, and careful measurements are taken regularly. The hormonal treatments, which bring on puberty early, are effective in limiting growth.

"Characteristics of Marfan syndrome vary greatly among affected individuals. Most people with the disorder do not have all of the possible signs and complications. An accurate

Easy-to-use monitors, such as this one from Healthteam, help keep track of blood-pressure readings at home. Last year, general practitioners diagnosed Americans with high blood pressure twice as frequently as they diagnosed the next most common ailment.

diagnosis of the Marfan syndrome can be made after a complete physical examination that assesses the systems affected by the disorder. The key tests are:

- Echocardiogram, which takes a sound wave picture of the heart (by a cardiologist);
- Slit-lamp eye examination (by an ophthalmologist);
- Skeletal examination (by an orthopedist).

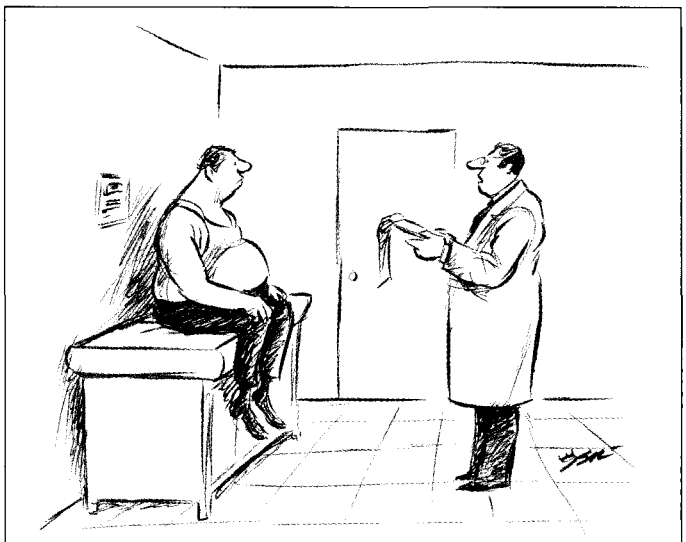
"In addition, a complete family history is taken because of the genetic nature of the disorder."

The National Marfan Foundation (1-800-8-MARFAN) provides materials about the syndrome and current research, as well as information about NMF's national network of chapters and support groups.

Full Life with Narcolepsy

Dear Dr. SerVaas:

I am a 55-year-old woman with narcolepsy and cataplexy. I was diagnosed at age 21 after a few years of being misdiagnosed. Your article in the Nov./Dec. '95 issue was like reading my very own symptoms for years. Before being diagnosed, I thought everyone had my symptoms but handled them better. I was first treated with Ritalin, which did not work, then Dexedrine, which I took for two years. My body built up an immunity to this, and I took more under the doctor's care, until the problems were worse than the benefits. In 1964 I began taking Desoxyn, my wonder drug. Today, 32 years later, I am still taking the same prescribed amount of Desoxyn



"Good news, Mr. Blum. We found blood in your cholesterol."

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as I began taking in 1964.

I urge any young person diagnosed with this to seek professional help and to take the medicine. I have been able to drive and work like anyone else. Certainly anyone with this and not taking medication should never drive and probably never take care of children. With proper treatment a person with narcolepsy can lead a very full life.

Donna Thomas
McComb, Mississippi

Public Health Alert: Shigellosis

Thorough handwashing prevents any number of microorganisms from causing disease. Shigellosis is a prime example of one such ailment.

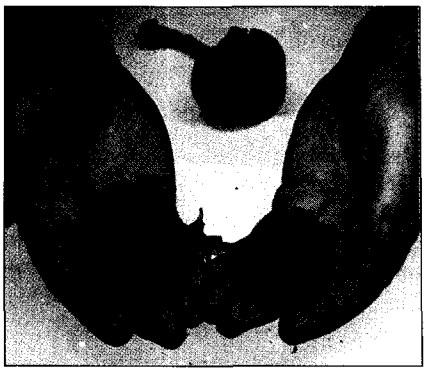
A contagious and extremely uncomfortable gastrointestinal illness, shigellosis is caused by rod-shaped bacteria called *Shigella* that penetrate and damage the bowel lining. Infection is spread by the oral-fecal route and through contaminated food, water, and inanimate objects. Symptoms include diarrhea, high fever, headache, stomach cramps, and dehydration severe enough at times to require hospitalization.

Outbreaks in childcare centers and elementary schools pose a substantial public health problem in the United States. Last summer, 82 cases associated with contaminated drinking water were reported at an Oregon resort and neighboring community. At the present time, fluid replacement is the mainstay of treatment, and antibiotics are sometimes helpful. A hot-water bottle or heating pad helps relieve abdominal discomfort.

Shigella organisms can live outside the body for as long as three days, which helps explain how others can innocently catch the disease from doorknobs, etc. To control infection, adults and children must wash their hands carefully after using the bathroom, changing diapers, or handling dirty laundry. By washing hands before handling food, people can help prevent shigellosis outbreaks at home and at school.

Mistaken Mushrooms

It is nearly impossible for anyone but experts to identify poisonous mushrooms from their edible counterparts. "The problem," cautions Dr. Brent Furbee, medical director of the Indiana Poison Control Center, "is that mushrooms look so much alike."

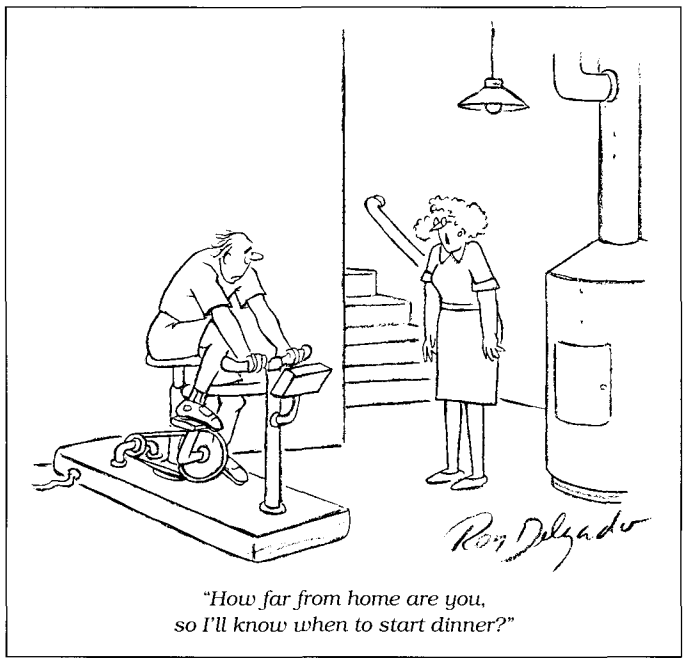


Even veteran mushroom hunters may find it difficult to identify these poisonous *cortinarius* mushrooms. "If in doubt, throw it out" is a useful rule of thumb. If curious about the safety of a particular mushroom, check with your local poison control center.

Unfortunately, the Poindexter family of Greenwood, Indiana, recently learned this firsthand. After eating mushrooms collected by her husband, an experienced mushroom hunter and an Army retiree, Becky Poindexter may need a liver transplant. David Poindexter made a critical mistake. When he couldn't find a reference for the mushrooms in a book, he assumed that they were safe to eat. In fact, Dr. Furbee discovered that the mushrooms the family consumed were *cortinarius*—poisonous mushrooms with no distinguishing features one could quickly recognize. David Poindexter and his son, who didn't eat quite as many as Becky, recovered without serious harm.

Mushrooms grow throughout the United States. Every year, poison control centers across the country get thousands of calls from people who have mistaken toxic mushrooms for edible ones. While most mushroom poisonings cause only mild to moderate diarrhea, vomiting, fatigue, and headaches, they are potentially life-threatening, depending on how many are consumed and individual sensitivity. Currently in vogue, even the popular morel may actually not be a "true" variety and may cause mild to moderate gastrointestinal discomfort when consumed.

After the incident, the Poindexters feel an obligation to warn others. "We'd rather not have the publicity, but if it will keep one person from doing the same thing, something good may come out of this," says David.



"How far from home are you, so I'll know when to start dinner?"

Complex Issue

Dear Dr. SerVaas:

A family member has 85 percent occlusion of the right carotid artery and 15 percent occlusion of the left carotid, but the vertebral arteries are open. Would maintaining a slightly higher systolic pressure help get blood to the brain through the partially blocked vessels?

Also, might a senior citizen who is being given medication to lower systolic blood pressure end up with a diastolic pressure that is too low?

John Lowe
Fort Lauderdale, Florida

You address a complex issue, and a simple response is difficult. Myron H. Weinberger, M.D., director of the Hypertension Research Center at Indiana University, offers this explanation:

"The carotid arteries are the main carriers of blood (and therefore oxygen) to the brain. But even when one carotid artery is completely blocked, blood flow will not necessarily be reduced to this vital organ. This is because of the presence of collateral circulation, a 'backup' system of blood

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vessels at the base of the brain called the *circle of Willis*.

"Maintaining a higher systolic pressure will not effectively increase circulation to the brain through partially blocked blood vessels. Arteries and arterioles (the small arteries that deliver blood to the tissues) resist an increase in blood pressure by narrowing. As a result, their ability to carry blood actually reduces rather than improves. Furthermore, reducing blood flow in partially blocked vessels increases the risk of blood clotting, which can cause a stroke.

"Physicians believe that the ideal blood pressure is about 120 to 140 systolic, with a diastolic pressure around 80. In older individuals with high blood pressure, the systolic reading is most often the abnormal one. Unless heart disease is present, treatment of isolated systolic hypertension (systolic pressure greater than 160 with a diastolic pressure less than 90) will usually not reduce the diastolic pressure excessively.

"I must emphasize that this is a very general response to a complex issue. Each patient must be evaluated and treated individually by someone fully familiar with their situation."

Sulfite Test Strips

Dear Dr. SerVaas:

In your book *Ask Dr. Cory* under "Additives and Preservatives," you mention that a person can test restaurant foods for sulfite content by using test strips which can be ordered through the mail. I would appreciate knowing where I can purchase these strips, as I am an asthmatic and very allergic to all forms of sulfite compounds. My local pharmacists have never heard of them.

Jean Sakuma
Seattle, Washington

Allergist Brett Kettlehut, M.D., chair of the Adverse Reactions to Foods Committee of the American Academy of Asthma & Immunology, agrees that sulfites can be a significant risk for asthmatic patients. He adds that traveling outside the United States poses a special problem for sulfite-sensitive individuals because sulfite use varies around the world. Having sulfite test strips would help manage the problem, but Dr. Kettlehut cautions that no product is foolproof.

The sulfite test strips mentioned in *Ask Dr. Cory* are no longer available. We found one company, J. T. Baker, that manufactures a similar product. Pharmacists or physicians may order product number 4418-01*BC from Baxter Scientific (1-800-964-5227 for pharmacists or 1-800-633-0333 for physicians).

More About Sulfites

Dear Dr. SerVaas:

We need to know more about sulfites. Do stores still spray sulfites on foods?

Rev. Paul Johnson
Springfield, Missouri

Many foods are sprayed or dipped with sulfites to preserve their color and taste. The sulfur-based chemicals are also used to prolong the potency of some medications, bleach food starches, sterilize wine, and prevent rust and scaling in boiler water used in making steam that will contact food.

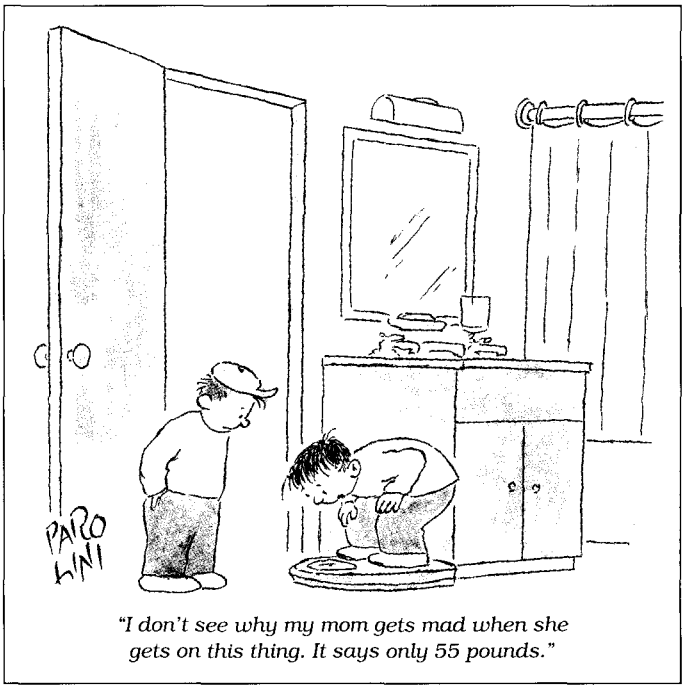
Although sulfites are not harmful for most people, they may trigger mild to severe reactions in those with asthma or who are allergic to them. Common symptoms include difficult breathing, wheezing, hives, diarrhea, vomiting, abdominal pain, cramps, and dizziness. Severe reactions may result in unconsciousness, shock, coma, and even death.

Sulfites are used to preserve products such as lemon juice, maraschino cherries, grape juice, some packaged fresh mushrooms, dried fruits and vegetables, and some canned seafood. Consumers concerned about possible adverse reactions to sulfites should check ingredient listings carefully on all food and beverage labels.

The FDA prohibited sulfite use on raw fruits and vegetables in 1986 after receiving 1,800 comments from consumers, scientists, and the medical community that the preservatives could cause allergic reaction in some people. Fresh, peeled potatoes that are served or sold unlabeled to consumers were added to the ban in March 1990.

Sulfite content in grocery store foods and prescription drugs is clearly labeled if the sulfite content is ten or more parts per million (the lowest level at which sulfites can be measured accurately). People concerned about sulfites should carefully check ingredient listings on labels for sulfur dioxide, sodium sulfite, sodium and potassium bisulfite, and sodium and potassium metabisulfite.

Sulfite-sensitive consumers must also be aware of the possibility that sulfites may be present in the foods in restaurants. Sulfite content may not be indicated on menus, and food is usually served unpackaged and therefore unlabeled. Generally, sulfite-sensitive individuals should be alert to salads, potatoes, seafood, cooked vegetable dishes, wine, beer, and bakery products when eating out. ▲



"I don't see why my mom gets mad when she gets on this thing. It says only 55 pounds."

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Real Men Keep Promises

continued from page 84

then five of us meet as a smaller group every other Wednesday morning. We are working through the book *Brothers* and are sharing and discussing the usual life issues we all face."

The leaders of Promise Keepers applaud this kind of follow-up to their mountaintop experiences. They encourage the formation of small groups and have generated videotapes, books, and a magazine as resources for study.

"Just because a man comes into a stadium with 60,000 other men doesn't mean he's no longer isolated," says Phillips. "He can be just as isolated when he walks out. What breaks isolation is not attendance at a meeting, but having strong, ongoing relationships with other people. When men open up, they feel a real freedom in facing life's challenges. The pressure is no longer on them alone, but on all the guys who come alongside to help them through it."

Many men's ministries are making plans to show this kind of unity in a march on Washington, D.C., in the year 2000. Promise Keepers has set an attendance goal of one million, and the group is counting on like-minded movements to turn the dream into a reality. In the meantime, Phillips and others want to maintain the momentum, walk the fine line between denominations and political causes and, as Greg Darby says, "keep our eyes on the Cross, concentrate on the 95 percent that we can all agree on, and let the churches handle the rest."

This may be a tall order. Whatever the challenge ahead, Phillips vows never to take Promise Keepers' current success for granted. "But if it were to end today," he says, "I'd have a smile on my face for the rest of my life because I have had the privilege of seeing what has taken place." ▲

Protecting Pets

continued from page 26

body's heat-control system, overwhelmed by high temperatures, shuts down, causing excessive panting, rapid heart rate, and weakness. Heatstroke can occur when pets are kept in direct, hot sunlight without water or in an unventilated area, such as a parked car with closed windows. Animals with short noses, such as boxers and bulldogs, as well as those that are older or overweight, are more prone to heatstroke because they have difficulty panting, which helps regulate body temperature. If your pet shows signs of heatstroke, hose it down with tepid water to help lower its body temperature. Once your pet resumes normal breathing, you can give it some ice water to help it cool off.

Each summer I notice that more people bring their pets to me for treatment of injuries resulting from trauma. Dog fights, cat fights, and car collisions seem more numerous during the warmer months than during the rest of the year. But simple precautions can keep such injuries to a minimum. First, make sure you use a leash when you walk your dog, to prevent it from darting into the street or approaching a not-too-friendly canine. Cat owners who walk their pets should use a harness. Also, attach an identification tag that has your name and telephone number on it in case your pet runs loose and is injured.

Once you've taken the necessary safety precautions, you and your pet can relax and enjoy all that summer has to offer: games of fetch, walks in the woods, even car outings to your favorite vacation spots. ▲

"Rest assured, madam, if you deposit your Social Security check with us, we will invest it very carefully. We will not 'play fast and loose with it.'"

Swing Time

continued from page 15

effects on the mind, from diminishing people's perception of pain to helping them perform better on tests, says music therapist Leesa Sklovar, who has a private practice in Katonah, New York, and counsels guests at Canyon Ranch Spa in the Berkshires. "Music can help people move into the realm of the subconscious and achieve a deep state of relaxation," says Sklovar, who recommends different types of music for different purposes. "Someone feeling stressed and out of control might be helped by listening to rhythmic, repetitive music like a Gregorian chant, while a person who wants to be uplifted might be inspired by film scores."

Musical preferences vary by culture and by individual, she notes, but "music is a universally acknowledged way to help people go deeper within themselves and to connect with the world around them." ▲

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Post Sampler

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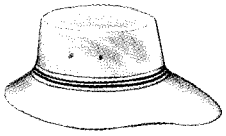

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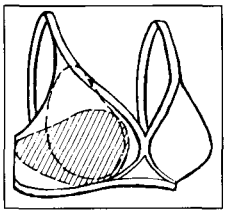

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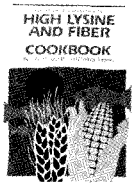

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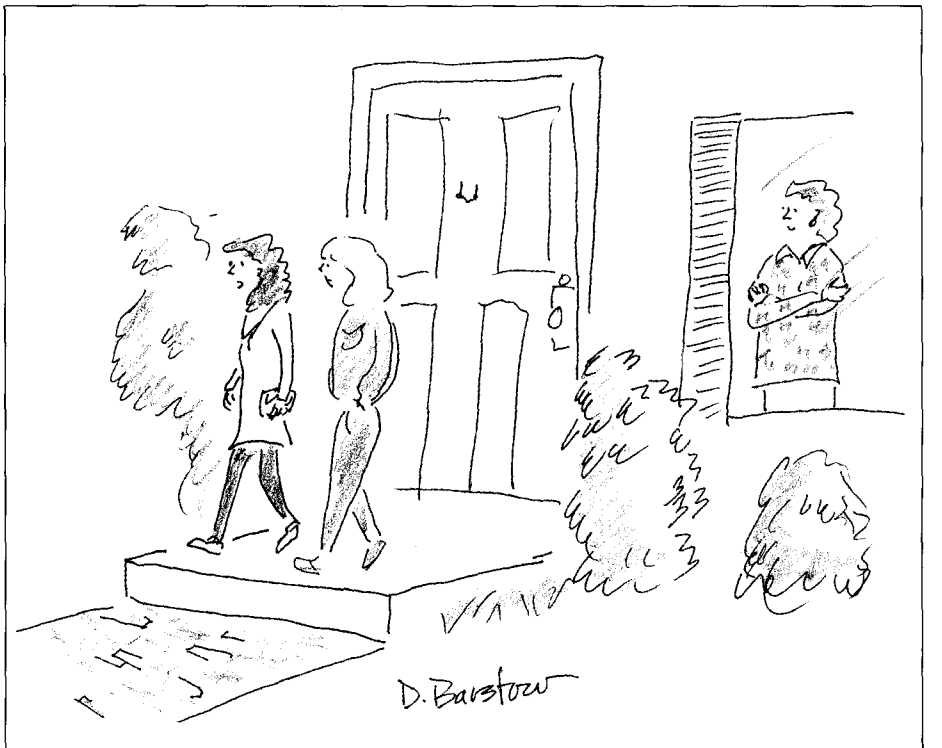

"Like she knows anything about hanging out at the mall."

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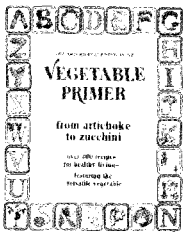

The Saturday Evening Post

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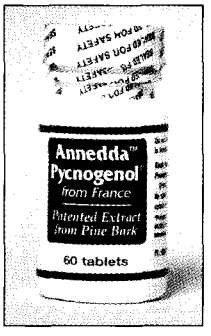

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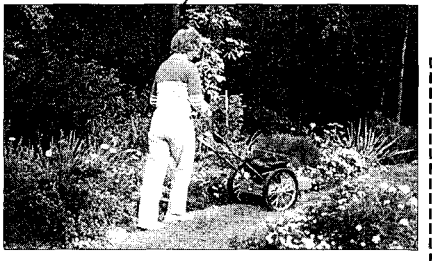

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Giving the "Green" Light

continued from page 68

¼ cup diced green chilis, drained
2 medium tomatoes, chopped
2 teaspoons minced garlic
1 tablespoon cider vinegar
1 cup chopped celery
½ teaspoon ground red pepper

In medium bowl, combine all ingredients and mix well. Cover and refrigerate 2-3 hours, stirring thoroughly 2-3 times during refrigeration. Serve on lettuce leaf.

Per Serving (½ cup):
Calories: 46 Carbohydrate: 9.2 gm
Cholesterol: 0 mg Protein: 1.8 gm
Sodium: 201 mg Fat: 0.2 gm
Diabetic exchange: ½ bread

Marinated Vegetables

Slice, cube, or cut into strips as appropriate to vegetables. Mix different types of vegetables such as zucchini, onion, broccoli flowerettes, carrots, celery, cauliflower, cucumber, tomatoes, mushrooms, crookneck squash, radishes, etc. Measure out 4 cups vegetables; marinate four hours or overnight in either marinade.

Lemon Marinade
(Makes 8 servings)

½ cup lemon juice
2 tablespoons polyunsaturated oil
1 tablespoon honey
½ teaspoon thyme
⅛ teaspoon black pepper or white pepper
4 cups chopped vegetables (celery, carrots, peppers, broccoli, etc.)

Whisk ingredients in bowl. Fold in vegetables; marinate 4 hours or leave overnight.

Per Serving (½ cup):
Calories: 59 Carbohydrate: 5.6 gm
Cholesterol: 0 mg Protein: 0.8 gm
Sodium: 16 mg Fat: 3.7 gm
Diabetic exchange: 1 vegetable + 1 fat

Marinated Vegetable Medaly
(Makes 8 servings)

¼ cup wine vinegar
2 tablespoons polyunsatured oil
1 tablespoon honey
½ teaspoon oregano
⅛ teaspoon black pepper
4 cups vegetables (carrots, celery, chopped peppers, broccoli, etc.)

Whisk ingredients in bowl. Fold in vegetables; marinate overnight or a minimum 4 hours.

Per Serving (½ cup):
Calories: 57 Carbohydrate: 5.3 gm
Cholesterol: 0 mg Protein: 0.8 gm
Sodium: 15 mg Fat: 3.7 gm
Diabetic exchange: 1 vegetable + 1 fat

Dijon Yogurt Potato Salad
(Makes 12 servings)

2 pounds potatoes
2 cups broccoli flowerettes
2 cups cauliflower
2 medium carrots, peeled
1 medium cucumber
¾ cup sliced radishes
½ cup purple onion
½ cup green onions
1 cup low-fat plain yogurt
4 tablespoons Dijon mustard
1 teaspoon fresh ground black pepper

Steam potatoes until tender; drain and set aside. Steam broccoli and cauliflower about 3-4 minutes until tender and crisp.

Cut carrots into thin slivers; slice cucumber. Chunk or slice potatoes according to preference.

Combine all vegetables in large bowl. In another bowl combine yogurt, mustard, and black pepper. Whisk until blended. Pour over vegetables and gently toss until all vegetables are coated.

Refrigerate one hour before serving.

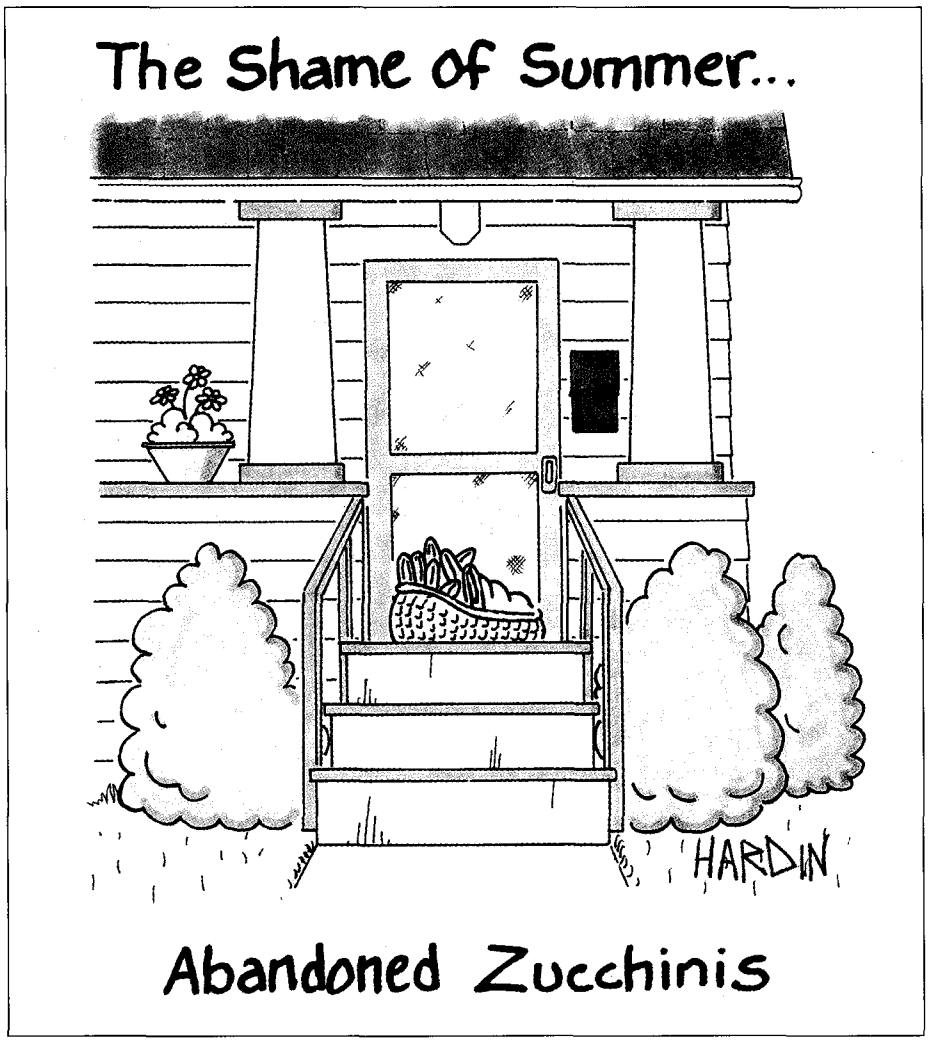
Per Serving (¾ cup):
Calories: 102 Carbohydrate: 19.5 gm
Cholesterol: 2 mg Protein: 3.7 gm
Sodium: 180 mg Fat: 1.0 gm
Diabetic exchange: 1 bread + 1 vegetable

Turkish Beet Salad
(Makes 4 servings)

2 cups beet slices
1 tablespoon olive oil
1 tablespoon mild herb vinegar
2 tablespoons lemon juice
1 clove garlic, chopped
2 green onions, finely chopped

Cook beets if fresh, or drain if canned, saving ⅓ cup juice. To beet juice, add olive oil, vinegar, lemon juice, and garlic. Mix well and pour over beets. Refrigerate 2 hours before serving.

Per Serving (½ cup):
Calories: 74 Carbohydrate: 8.8 gm
Cholesterol: 0 mg Protein: 1.3 gm
Sodium: 52 mg Fat: 3.6 gm
Diabetic exchange: 1½ vegetable + 1 fat



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Honey, Garlic and Vinegar Better Than Prescription Drugs?

(SPECIAL) We know that ancient civilizations relied on their healing power for a wide variety of ailments. In fact, honey was so prized by the Romans for its medicinal properties that it was used instead of gold to pay taxes. Egyptian doctors believed garlic was the ultimate cure-all. And vinegar has been used for everything from arthritis to obesity for over 7000 years.

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Your Slice of the Pie—Pizza!

continued from page 24

Grind pine nuts, garlic, and olive oil in blender or food processor until smooth. Add spinach and basil; purée until smooth. Then add cheeses, finishing mixing by hand if pesto is too thick for machine to handle. (Makes enough for 2 large pizzas.)

Note: Sauce may be frozen, but it is best to freeze without cheeses added.

Per Serving (2 tablespoons):
Calories: 99 Carbohydrate: 1.5 gm
Cholesterol: 2 mg Protein: 2.5 gm
Sodium: 29 mg Fat: 9.2 gm
Diabetic exchange: ¼ lean meat + 1½ fat

Fresh Tomato Sauce
(Makes 2½ cups)

2 tablespoons olive oil
2 tablespoons shallots, finely chopped
5 medium (about 2 pounds) fresh Florida tomatoes
2 tablespoons fresh basil, chopped
1¼ teaspoons salt
½ teaspoon black pepper, ground

Use tomatoes held at room temperature until fully ripe. Finely chop. In skillet heat oil until hot. Add shallots; sauté until tender, about 5 minutes. Add tomatoes, basil, salt, and black pepper; sauté until tomatoes are softened, about 5 minutes.

Per Serving:
Calories: 79 Carbohydrate: 7.4 gm
Cholesterol: 0 mg Protein: 1.2 gm
Sodium: 397 mg Fat: 4.9 gm
Diabetic exchange: 1 fat + 1 vegetable

Zucchini-Crust Pizza
(Makes 8 servings)

Crust:
2 pounds shredded zucchini, trimmed but unpeeled (about 6 cups)
4 egg whites or 1 cup egg substitute
1 large onion, finely chopped (1 cup)
⅓ cup whole-wheat flour, rice or soy flour
½ cup grated skim mozzarella (2 oz.)
½ cup grated parmesan
½ teaspoon dried basil or *1 tablespoon chopped fresh basil*
¼ teaspoon salt (if desired)
½ teaspoon freshly ground black pepper

Topping:
1 cup cooked chopped chicken breast (about ½ pound)
⅓ cup each diced sweet pepper (red or green and yellow)
1 cup sliced pitted black olives (not for those on salt-restricted diet)
2 cups Red Gold tomato sauce
1 cup grated fontina cheese (4 oz.)
1 teaspoon Italian seasoning

To prepare crust: Place shredded zucchini in kitchen cloth or several thicknesses of cheesecloth; squeeze out about half of all moisture. In large bowl, combine squeezed zucchini with all remaining crust ingredients. Press mixture on bottom and sides of 12" or 13" pan with shallow rim sprayed with noncaloric vegetable- based spray. Bake crust in preheated 350° oven 25-30 minutes or until crust is firm. Remove crust from oven.

To assemble pizza: Sprinkle chicken, pepper, and olives evenly over surface of prebaked crust. Spoon tomato sauce over all, spreading it evenly with back of spoon. Sprinkle sauce with grated cheese and oregano. Bake pizza in preheated 350° oven 25-30 minutes.

Per Serving (1 slice):
Calories: 248 Carbohydrate: 19.1 gm
Cholesterol: 46 mg Protein: 20.5 gm
Sodium: 690 mg Fat: 9.8 gm
Diabetic exchange: ½ bread + 2 vegetable + 1 medium-fat meat + 1 fat

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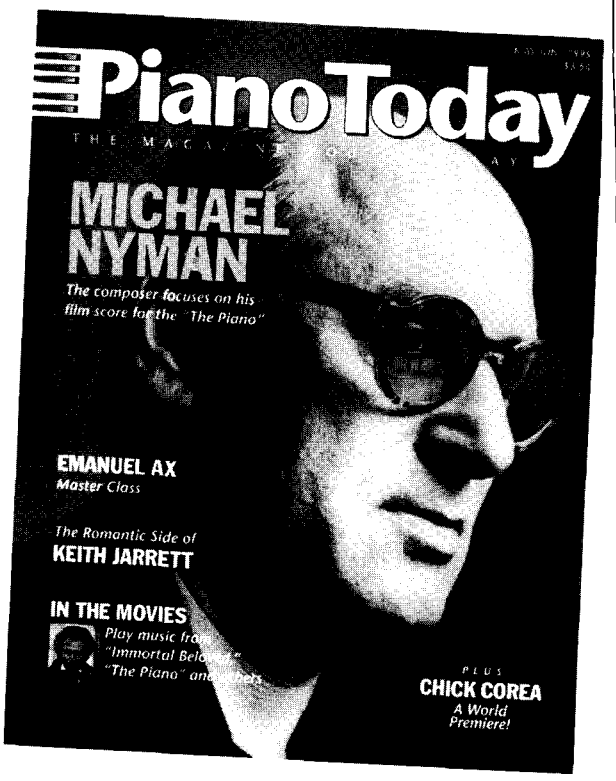

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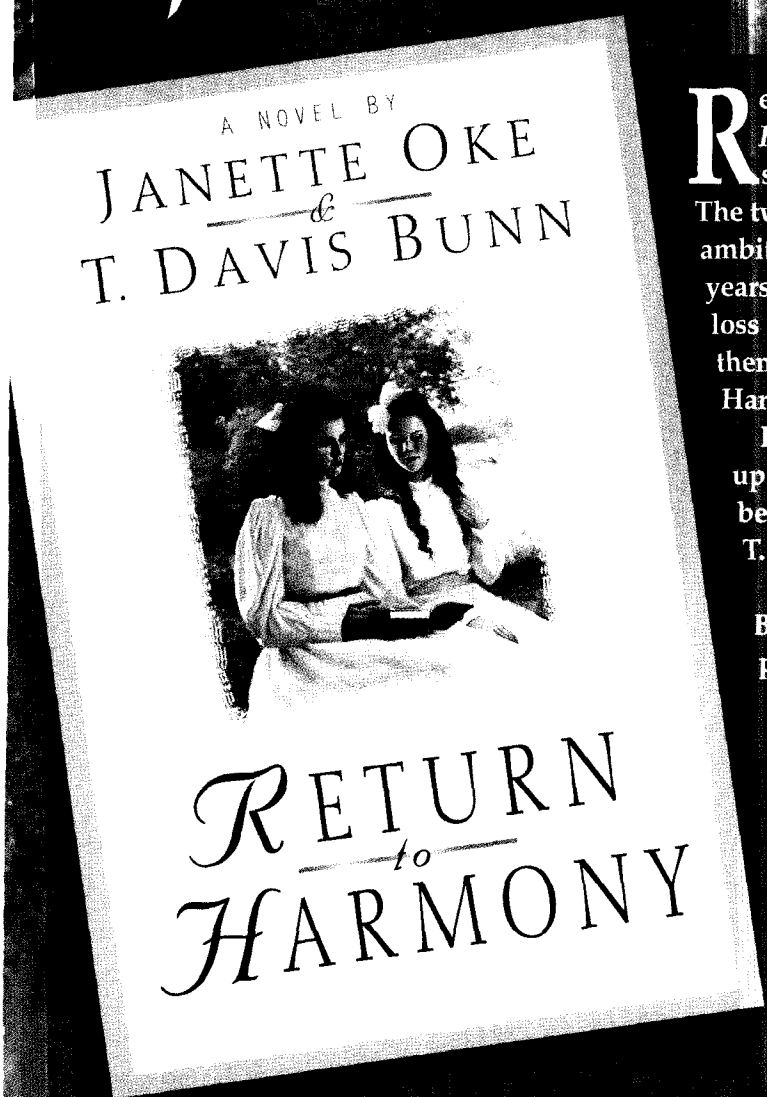

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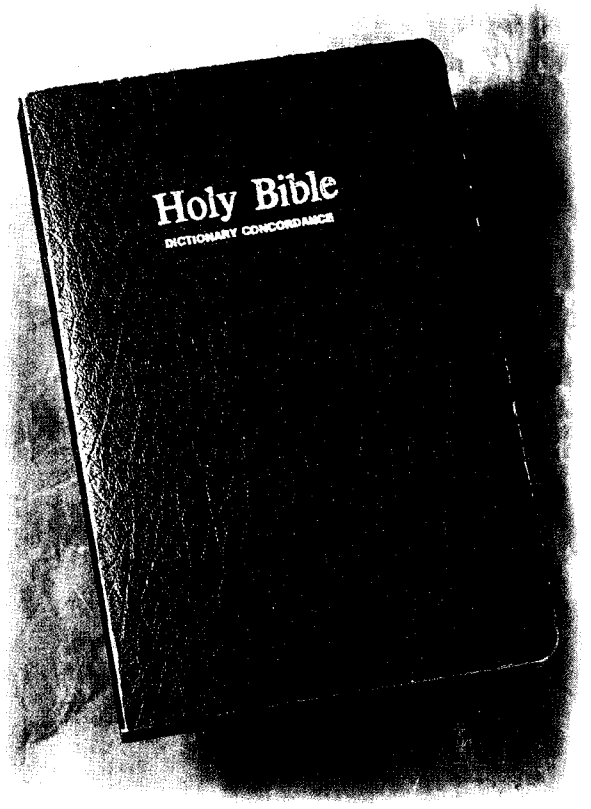

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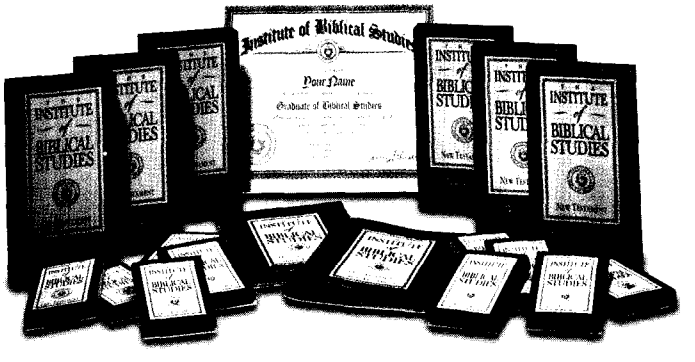

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